## 2013-2014 SCHEDULE OF DENTAL PROCEDURES AND ALLOWABLE CHARGES FOR THE STATE DENTAL PLAN

PLEASE NOTE THAT THE ALLOWABLE DOLLAR CHARGE IS SET BY THE STATE AND MAY NOT REFLECT THE TOTAL CHARGE FOR THE PARTICULAR SERVICE BY YOUR DENTIST. YOU ARE RESPONSIBLE FOR PAYMENT OF ANY DIFFERENCE BETWEEN THE AMOUNT COVERED BY THE STATE AS AN EMPLOYEE, OR A COVERED DEPENDENT, AND THE DENTIST'S CHARGE. YOU SHOULD DISCUSS FEES WITH YOUR DENTIST PRIOR TO TREATMENT.

THE MAXIMUM ALLOWABLE CHARGE FOR ANY DENTAL PROCEDURE NOT SPECIFIED IN THIS SCHEDULE WILL BE DETERMINED BY THE PLAN ADMINISTRATOR THROUGH ITS MEDICAL STAFF AND/OR DENTAL CONSULTANTS BASED ON COMPARABLE OR SIMILAR SERVICES, UNLESS SUCH PROCEDURE IS SPECIFICALLY EXCLUDED IN THIS SCHEDULE OR BY OTHER TERMS AND CONDITIONS OF COVERAGE.

"NC" INDICATES NON COVERED.

PROCEDURE		
CODE	Class I. DIAGNOSTIC AND PREVENTIVE	ALLOWANCE
	(Payable @ 100% of State Allowance)	
	ORAL EXAMINATIONS:	
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D0120	PERIODIC ORAL EVALUATION	\$18.20
D0120	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	\$20.40
D0145	ORAL EVALUATION PATIENT UNDER 3	\$19.30
D0150	COMPREHENSIVE ORAL EVALUATION	\$19.30
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION-PROBLEM- FOCUSED, BY REPORT	\$19.30
D0170	RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	\$18.20
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$19.30
D0190	SCREENING OF NEW PATIENT TO DETERMINE THE NEED TO SEE A DENTIST FOR DIAGNOSIS	NC
D0191	ASSESSMENT OF A PATIENT TO IDENTIFY THE NEED FOR A REFERRAL	\$11.85
	RADIOGRAPHS: (NO BENEFITS ARE PAYABLE FOR ANY CHARGES FOR BITEWING X-RAYS MORE THAN TWICE DURING ANY BENEFIT YEAR OR MORE THAN ONE SERIES OF FULL-MOUTH X-RAYS OR ONE PANORAMIC FILM IN ANY 36-MONTH PERIOD, UNLESS A SPECIAL NEED FOR THESE SERVICE AT MORE FREQUENT INTERVALS IS DOCUMENTED AS MEDICALLY NECESSARY BY THE DENTIST.)	
D0210	RADIOGRAPHIC IMAGES- INTRAORAL - COMPLETE SERIES	\$49.30
D0220	RADIOGRAPHIC IMAGE- INTRAORAL- PERIAPICAL-FIRST RADIOGRAPHIC IMAGE	\$8.40
D0230	RADIOGRAPHIC IMAGE- INTRAORAL- PERIAPICAL- EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$6.20
D0240	INTRAORAL- OCCLUSAL RADIOGRAPHIC IMAGE	\$16.70
D0250	EXTRAORAL - FIRST RADIOGRAPHIC IMAGE	\$7.30
D0260	EXTRAORAL - EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$6.20
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$12.00
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$14.50
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$16.90
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$19.30
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	\$36.00
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY RADIOGRAPHIC IMAGES	\$33.70
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	NC
D0321	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES	NC NC
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$42.10
D0340	CEPHALOMETRIC RADIOGRAPHIC IMAGE	NC NC
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES  CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW- LESS THAN ONE WHOLE JAW	NC NC
D0364 D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW - LESS THAIN ONE WHOLE JAW  CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW - MADDIBLE	NC NC
D0365 D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW-MAXILLA	NC NC
D0366 D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS	NC NC
D0368	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES	NC NC
D0369	MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION	NC NC
D0309	WIRAILEOFACIAL UNIT CAST TONE AND INTERFER AND INTERPRETATION  MAXILLOFACIAL UNITRASOUND CAPTURE AND INTERPRETATION	NC NC
D0370	SIALOENDOSCOPY- CAPTURE AND INTERPRETATION	NC NC
D0371	ORGERIA GOLD TO CALL TO THE AND INTENT NETATION	140
	IMAGE CAPTURE ONLY	
D0380	CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF VIEW- LESS THAN ONE WHOLE JAW	NC
D0381	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW- MANDIBLE	NC
D0382	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW-MAXILLA	NC
D0383	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF BOTH JAWS	NC
D0384	CONE BEAM CT IMAGE CAPTURE FOR TMJ SERIES	NC
D0385	MAXILLOFACIAL MRI IMAGE CAPTURE	NC
D0386	MAXILLOFACIAL UNTRASOUND IMAGE CAPTURE	NC
	INTERPRETATION AND REPORT ONLY	
D0391	INTERPRETATION OF DIAGNOSTIC IMAGE, INCLUDING REPORT	NC
	TEST AND LABORATORY EXAMINATIONS:	
D0415	COLLECTION OF MICROORGANISMS FOR CULTURE AND SENSITIVITY	NC
D0425	CARIES SUSCEPTIBILITY TESTS	NC 210 To
D0460	PULP VITALITY TESTS	\$16.70
D0470	DIAGNOSTIC CASTS (NC ON A ROUTINE BASIS- BENEFITS ARE PAYABLE ONLY ONCE IN A FIVE YEAR PERIOD.)	\$37.30
Ba := :	DIAGNOSTIC PHOTOGRAPHS	NC
D0471	ACCESSION OF TISSUE-GROSS EXAMINATION	NC
D0473		
D0473 D0474	ACCESSION OF TISSUE -GROSS AND MICROSCOPIC EXAMINATION	NC
D0473 D0474 D0480	ACCESSION OF TISSUE -GROSS AND MICROSCOPIC EXAMINATION ACCESSION OF TISSUE-GROSS AND MICROSCOPIC EXAMINATION (SURGICAL MARGINS)	NC NC
D0473 D0474	ACCESSION OF TISSUE -GROSS AND MICROSCOPIC EXAMINATION	NC

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OTHER PREVENTIVE SERVICES  DISSON  NUTRITIONAL COUNSELING FOR THE CONTROL OF DENTAL DISEASE  DISSON  ORAL PROBLEM SERVICION  SERVICIONA COLLINGUA COLLINGU		TOPICAL APPILCATION OF FLOURIDE VARNISH	\$26.00
D1310 NUMERICUAL COUNSEL RG FOR THE CONTROL OF DENTAL DISEASE  D1321 ORA, HYGERIS RETRUCTION  SEALANT TOPCAL ARPOLATION OF SEAL ANTS PER TOOTH, FOR UNRESTORED, RECENTLY ERUPTED PERMANENT MOLARS FOR PATIENTS D1351 THROUGH AGE IS, ONE TREATMENT PURPLY PRIEZ YEARS PER TOOTH  SPACE WANTAMER SIGNAL TO SEAL ANTS SER TOOTH, FOR UNRESTORED, RECENTLY ERUPTED PERMANENT MOLARS FOR PATIENTS D1351 THROUGH AGE IS, ONE TREATMENT PURPLY PRIEZ YEARS PER TOOTH  SPACE MAINTAINER: PRIED UNRAFERED. D1352 PREVENTIOR RESIDENCES FOR THE TOTAL THREE YEARS PER TOOTH  D1351 SPACE WANTAMER: PRIED UNRAFERAL  D1352 SPACE WANTAMER: PRIED UNRAFERAL  D1353 SPACE WANTAMER: PRIED UNRAFERAL  D1354 SPACE WANTAMER: PRIED UNRAFERAL  D1355 SPACE WANTAMER: PRIED UNRAFERAL  D1355 SPACE WANTAMER: PRIED WAS BUTCHES WAS BU	D1208	TOPICAL APPLICATION OF FLUORIDE	\$13.10
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D1392   THROUGH AGE 16 ONE TREATMENT EVERY THREE YEARS ERR TOOTH	D1330		NC
D1332   PREVENTINE RESIN RESTORATION IN A MODERATE TO HIGH CARRES RISK PATIENT. PERMANENT TOOTH   \$26.60	D1351		\$19.30
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DISTS SPACE MANTAINER - FIXED-BLATERAL  \$1302.0 DISCAL CAMMINAMER - REMOVABLE - BLATERAL  \$170.0 DISCAL CAMMINAMER - BLATERAL		SPACE MAINTAINERS (CHILD):	
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D1550 SPACE MARTAINER. REMOVABLE BILLYTERAL  \$174.40 D1550 RECEMENTATION OF SPACE MARTAINER. \$25.50 D1550 RECEMENTATION OF SPACE MARTAINER. \$25.50 D1550 RECEMENTATION OF SPACE MARTAINER. \$25.50 D1550 REMOVAL OF FIXED SPACE MARTAINER. \$25.50 UNCLASSIFIED TREATMENT:  D8110 PALLIATURE (EMERGENCY) TREATMENT OF DENTAL PARK-MINOR PROCEDURES \$21.70 PROFESSIONAL COMBULTATION  O8310 CONSULTATION (MAGNOSTIC SERVICE PROVIDED BY DENTST OR PHYSICIAN OTHER THAN REQUESTING DENTST OR PHYSICIAN)  PERIODONTAL MAINTENANCE (DNI. Y ALLOWED WITH HISTORY OF PERIODONTAL THERAPY)  D4910 PERIODONTAL MAINTENANCE PROVIDED BY DENTST OR PHYSICIAN OTHER THAN REQUESTING DENTST OR PHYSICIAN)  \$465.70  MSCELLANEOUS SERVICES:  APPLICATION OF DESENSITIZING MEDICAMENTS (NO MORE THAN TWO PROCEDURES PER GUADRANT IN ANY BENEFIT YEAR, NARRATIVE REQUESTING APPLICATION OF DESENSITIZING MEDICAMENTS (NO MORE THAN TWO PROCEDURES PER GUADRANT IN ANY BENEFIT YEAR, NARRATIVE REQUESTING APPLICATION OF DESENSITIZING MEDICAMENTS (NO MORE THAN TWO PROCEDURES PER GUADRANT IN ANY BENEFIT YEAR, NARRATIVE REQUESTING APPLICATION OF DESENSITIZING MEDICAMENTS (NO MORE THAN TWO PROCEDURES PER GUADRANT IN ANY BENEFIT YEAR, NARRATIVE REQUESTING APPLICATION OF DESENSITIZING RESIN- PER TOOTH  NO BENEFITS ARE PAYABLE FOR TEMPORARY PROCEDURES WHICH ARE CONSIDERED PART OF A MORE DEFINITY TERAMENT.  MAILGAM RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  D2410 AMALGAM. FOR SURFACE, PERMANENT  S24.60  D2401 AMALGAM. FOR SURFACE, PERMANENT  S25.60 D2302 RESIN-TONG SURFACES, ANTERIOR  D2410 AMALGAM. FOR SURFACE, PERMANENT  S25.60 D2303 RESIN - THE SURFACE, PERMANENT  S25.60 D2304 RESIN - THE SURFACE, PERMANENT  S25.60 D2305 RESIN - THE SURFACE, SURFACE, PERMANENT  D2410 AMALGAM. POR SURFACE, SURFACE, SURFACE, PERMANENT  S25.60 D2306 RESIN - THE SURFACE, SURFACE, SURFACE, PERMANENT  S25.60 D2307 RESIN - THE SURFACE, SURFACE, SURFACE, PERMANENT  D2410 AMALGAM. POR SURFACE, SURFACE, SURFACE, SURFACE, PERMANENT  S25.60 D2307 RESIN - THE SURFACE, SU			
D1555 REMOVAL OF FIXED SPACE MAINTAINER-PERFORMED BY A DENTIST WHO DID NOT ORIGINALLY PLACE THE APPLIANCE  \$25.50  UNCLASSIFIED TREATMENT:  D9110 PALLUSTIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES  PROFESSIONAL CONSULTATION  D9310 CONSULTATION (DIGNORDSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN)  \$24.00  PERIODONTAL MAINTENANCE (ONLY ALLOWED WITH HISTORY OF PERIODONTAL THERAPY)  D8910 PERIODONTAL MAINTENANCE (ONLY ALLOWED WITH HISTORY OF PERIODONTAL THERAPY)  D8910 PERIODONTAL MAINTENANCE PROCEDURE  MISCELLANEOUS SERVICES:  APPLICATION OF DESENSITIZING MEDICAMENTS INO MORE THAN TWO PROCEDURES PER QUADRANT IN ANY BENEFIT YEAR) NARRATIVE  PROJUBLY OF THE SENSITIZING MEDICAMENTS IND MORE THAN TWO PROCEDURES PER QUADRANT IN ANY BENEFIT YEAR) NARRATIVE  PROJUBLY OF THE SENSITIZING RESIN- PER TOOTH  CLASS II. BASIC DENTIAL SERVICES  (PAYABLE AT 80% OF THE STATE ALLOWANCE ATTER THE BENEFIT YEAR DEDUCTIBLE)  NO BENEFITS ARE PAYABLE FOR TEMPORARY PROCEDURES WHICH ARE CONSIDERED PART OF A MORE DEPINTIVE TREATMENT.  AMALGAM - ONE SURFACE. PERMANENT  S43.50  D2101 AMALGAM - ONE SURFACE. PERMANENT  S43.50  D2102 AMALGAM - POUR ON MORE SURFACES PERMANENT  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AG			
UNICLASSIFIED TREATMENT:  D9110 PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN- MINOR PROCEDURES  \$21.70  PROFESSIONAL COMSULTATION  D9310 CONSULTATION (DAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN)  \$24.00  PERIODONTAL MAINTENANCE (ONLY ALLOWED WITH HISTORY OF PERIODONTAL THERAPY)  D4910 PERIODONTAL MAINTENANCE PROCEDURE  \$45.70  MISCELLANEOUS SERVICES:  APPLICATION OF DESENSITIZING MEDICAMENTS (NO MORE THAN TWO PROCEDURES PER QUADRANT IN ANY BENEFIT YEAR)- NARRATIVE  PROQUENT APPLICATION OF DESENSITIZING RESIN-PER TOOTH  APPLICATION OF DESENSITIZING RESIN-PER TOOTH  APPLICATION OF DESENSITIZING RESIN-PER TOOTH  CLASS IL BASIC DENTAL SERVICES  (PAYABLE AT 80% OF THE STATE ALLOWANCE AFTER THE BENEFIT YEAR DEDUCTIBLE)  ***OBSENSITIZE ARE PAYABLE FOR TEMPORARY PROCEDURES WHICH ARE CONSIDERED PART OF A MORE DEFINITIVE TREATMENT.**  ***AMALGAM-TONE SUPFACES PERMANENT  D2150 AMALGAM-TIVE SUPFACES, PERMANENT  D2160 AMALGAM-TIVE SUPFACES, PERMANENT  D2161 AMALGAM-TONE SUPFACES, PERMANENT  D2561 PIR TENTION - PER TOOTH, IN ADDITION TO RESTORATION  D2331 RESIN-ONE SURFACE, ANTERIOR  D2332 RESIN-ONE SURFACES, PERMANENT  D2333 RESIN-ONE SURFACES, PERMANENT  D2334 RESIN-ONE SURFACES, ANTERIOR  D2335 RESIN-ONE SURFACES, ANTERIOR  D2336 RESIN-ONE SURFACES, ANTERIOR  D2337 RESIN-ONE SURFACES, ANTERIOR  D2338 RESIN-ONE SURFACES, ANTERIOR  D2339 RESIN-ONE SURFACES, ANTERIOR  D2330 RESIN-ONE SURFACES, ANTERIOR  D2331 RESIN-ONE SURFACES, ANTERIOR  D2331 RESIN-ONE SURFACES, ANTERIOR  D2332 RESIN-ONE SURFACES, ANTERIOR  D2333 RESIN-DURG SURFACES, SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES ALLOWANCE IS THE SAME AS D2140)  NO EXPRESSION OF SURFACES SURFACES, SURFACES, SURFACES, SUSTERIOR (ALTERNATE PROCEDURE RULE APPLIES ALLOWANCE IS THE SAME AS D2140)  NO EXPRESSION OF SURFACES SURFACES, SURFACES, SUSTERIOR (ALTERNATE PROCEDURE RULE APPLIES ALLOWANCE IS THE SAME AS D2140)  NO EXPRESSION OF SURFACES SURFACES SURFACES, SUSTERIOR (ALTERNATE PROCEDURE RULE APPLIES ALLOWANCE IS			
D9110 PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES  \$21,70 PROFESSIONAL CONSULTATION  D3310 CONSULTATION (DIGAROSIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN)  \$24,00 PROPODONTAL MAINTENANCE (DRIV ALLOWED WITH HISTORY OF PERIODONTAL THERAPY)  D4910 PERIODONTAL MAINTENANCE (DRIV ALLOWED WITH HISTORY OF PERIODONTAL THERAPY)  MISCELLANEOUS SERVICES:  APPLICATION OF DESENSITIZING MEDICAMENTS (IN MORE THAN TWO PROCEDURES PER QUADRANT IN ANY BENEFIT YEAR). NARRATIVE  B0910 APPLICATION OF DESENSITIZING MEDICAMENTS (IN MORE THAN TWO PROCEDURES PER QUADRANT IN ANY BENEFIT YEAR). NARRATIVE  CLASS IL BASIC DENTAL SERVICES  (PAYABLE AT 80% OF THE STATE ALLOWANCE AFTER THE BENEFIT YEAR DEDUCTIBLE)  CLASS IL BASIC DENTAL SERVICES  (PAYABLE AT 80% OF THE STATE ALLOWANCE AFTER THE BENEFIT YEAR DEDUCTIBLE)  CLASS IL BASIC DENTAL SERVICES  (PAYABLE AT 80% OF THE STATE ALLOWANCE AFTER THE BENEFIT YEAR DEDUCTIBLE)  D2101 AMAIGAM. TONE SURFACE, PERMANENT  AMALGAM. THOSE SURFACE, PERMANENT  D2101 AMAIGAM. TONE SURFACE, PERMANENT  D2101 AMAIGAM. FOUND OR NOINE SURFACES, PERMANENT  D2101 AMAIGAM. FOUND OR NOINE SURFACES, PERMANENT  D2101 AMAIGAM. FOUND OR NOINE SURFACES, PERMANENT  D2101 AMAIGAM. THE SURFACE, ANTERIOR  D2101 AMAIGAM. FOUND OR NOINE SURFACES, PERMANENT  D2101 AMAIGAM. FOUND OR NOINE SURFACES, PERMANENT  D2101 AMAIGAM. THE SURFACE, ANTERIOR  D2101 AMAIGAM. FOUND OR NOINE SURFACES, PERMANENT  D2101 AMAIGAM. THERE SURFACES, ANTERIOR  D2101 AMAIGAM. THERE SURFACES, ANTERIOR  D2101 AMAIGAM. FOUND OR NOINE SURFACES, PERMANENT  D2101 AMAIGAM. THERE SURFACES, PERMANENT  D2101 AMAIGAM. THE SURFACE ANTERIOR  D2101 AMAIGAM. THERE SURFACES, PERMANENT  S10.00  D2101 AMAIGAM. THERE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES. ALLOWANCE IS THE SAME AS D140)  NO D1101 AMAIGAM. THERE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES. ALLOWANCE IS THE SAME AS D140)  NO D1101 PULP CAP.PORRECT (EXCLUDING FINAL RESTORATION)  PULP CAP.PORRECT (EXCLUDING FINAL RESTOR	D1555	REMOVAL OF FIXED SPACE MAINTAINER-PERFORMED BY A DENTIST WHO DID NOT ORIGINALLY PLACE THE APPLIANCE	\$25.50
PROFESSIONAL CONSULTATION D3110 CONSULTATION (DUGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN)  PERIODONTAL MAINTENANCE (ONLY ALLOWED WITH HISTORY OF PERIODONTAL THERAPY)  D4510 PERIODONTAL MAINTENANCE (ONLY ALLOWED WITH HISTORY OF PERIODONTAL THERAPY)  MISCELLANEOUS SERVICES:  APPLICATION OF DESENSITIZING MEDICAMENTS (NO MORE THAN TWO PROCEDURES PER QUADRANT IN ANY BENEFIT YEAR)-NARRATIVE (PAYABLE AT 80% OF THE STATE ALLOWANCE AFTER THE BENEFIT YEAR DEDUCTIBLE)  NO BENEFITS ARE PAYABLE FOR TEMPORARY PROCEDURES WHICH ARE CONSIDERED PART OF A MORE DEFINITIVE TREATMENT.  AMALGAM: ONE SURFACE, PERMANENT D2160 AMALGAM: THREE SURFACES, PERMANENT D2161 AMALGAM: FORD ROME SURFACES, PERMANENT D2161 AMALGAM: FORD ROME SURFACES, PERMANENT D2163 AMALGAM: THREE SURFACES, PERMANENT D2164 AMALGAM: FORD ROME SURFACES, PERMANENT D2165 AMALGAM: FORD ROME SURFACES, PERMANENT D2166 AMALGAM: FORD ROME SURFACES, PERMANENT D2167 PIN RETENTION: PER TOOTH, IN ADDITION TO RESTORATION D2167 RESIN -THO SURFACES AND ROME SURFACES, PERMANENT D2168 AMALGAM: FORD ROME SURFACES, PERMANENT D2169 AMALGAM: FORD ROME SURFACES, PERMANENT D2169 AMALGAM: FORD ROME SURFACES, PERMANENT D2160 AMALGAM: FORD ROME SURFACES, PERMANENT D2161 AMALGAM: FORD ROME SURFACES, PERMANENT D2163 RESIN -THOUS SURFACES AND ROME SURFACES, PERMANENT D2164 AMALGAM: FORD ROME SURFACES, PERMANENT D2165 AMALGAM: FORD ROME SURFACES, PERMANENT D2166 AMALGAM: FORD ROME SURFACES, PERMANENT D2167 AMALGAM: FORD ROME SURFACES, PERMANENT D2168 AMALGAM: FORD ROME SURFACES, PERMANENT D2169 AMALGAM:		UNCLASSIFIED TREATMENT:	
D9310 CONSULTATION (DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN)  PERIODONTAL MAINTENANCE (ONLY ALLOWED WITH HISTORY OF PERIODONTAL THERAPY)  D4910 PERIODONTAL MAINTENANCE PROCEDURE  MISCELLANEOUS SERVICES:  APPLICATION OF DESENSITIZING MEDICAMENTS INO MORE THAN TWO PROCEDURES PER QUADRANT IN ANY BENEFIT YEAR; NARRATIVE \$15,60 D9911 APPLICATION OF DESENSITIZING MEDICAMENTS INO MORE THAN TWO PROCEDURES PER QUADRANT IN ANY BENEFIT YEAR; NARRATIVE \$15,60 D9911 APPLICATION OF DESENSITIZING RESIN-PER TOOTH  CLASS II, BASIC DENTAL SERVICES  (PAYABLE AT 80% OF THE STATE ALLOWANCE AFTER THE BENEFIT YEAR DEDUCTIBLE)  NO BENEFITS ARE PAYABLE FOR TEMPORARY PROCEDURES WHICH ARE CONSIDERED PART OF A MORE DEFINITIVE TREATMENT.  AMALGAM FOR SUBFACES, PERMANENT  D2140 AMALGAM: ONE SUBFACES PERMANENT  D2140 AMALGAM: THOSE SUBFACES, PERMANENT  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND	D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN- MINOR PROCEDURES	\$21.70
D9310 CONSULTATION (DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN)  PERIODONTAL MAINTENANCE (ONLY ALLOWED WITH HISTORY OF PERIODONTAL THERAPY)  D4910 PERIODONTAL MAINTENANCE PROCEDURE  MISCELLANEOUS SERVICES:  APPLICATION OF DESENSITIZING MEDICAMENTS INO MORE THAN TWO PROCEDURES PER QUADRANT IN ANY BENEFIT YEAR; NARRATIVE \$15,60 D9911 APPLICATION OF DESENSITIZING MEDICAMENTS INO MORE THAN TWO PROCEDURES PER QUADRANT IN ANY BENEFIT YEAR; NARRATIVE \$15,60 D9911 APPLICATION OF DESENSITIZING RESIN-PER TOOTH  CLASS II, BASIC DENTAL SERVICES  (PAYABLE AT 80% OF THE STATE ALLOWANCE AFTER THE BENEFIT YEAR DEDUCTIBLE)  NO BENEFITS ARE PAYABLE FOR TEMPORARY PROCEDURES WHICH ARE CONSIDERED PART OF A MORE DEFINITIVE TREATMENT.  AMALGAM FOR SUBFACES, PERMANENT  D2140 AMALGAM: ONE SUBFACES PERMANENT  D2140 AMALGAM: THOSE SUBFACES, PERMANENT  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND		PROFESSIONAL CONSULTATION	
D4910 PERIODONTAL MAINTENANCE PROCEDURE  MISCELLANEOUS SERVICES:  APPLICATION OF DESENSITIZING MEDICAMENTS (NO MORE THAN TWO PROCEDURES PER QUADRANT IN ANY BENEFIT YEAR)- NARRATIVE REQUIRED  APPLICATION OF DESENSITIZING MEDICAMENTS (NO MORE THAN TWO PROCEDURES PER QUADRANT IN ANY BENEFIT YEAR)- NARRATIVE \$15.60  D9911 APPLICATION OF DESENSITIZING RESIN-PER TOOTH  CLASS IL BASIC DENTAL SERVICES  (PAYABLE AT 80% OF THE STATE ALLOWANCE AFTER THE BENEFIT YEAR DEDUCTIBLE)  NO BENEFITS ARE PAYABLE FOR TEMPORARY PROCEDURES WHICH ARE CONSIDERED PART OF A MORE DEFINITIVE TREATMENT.  AMALGAM RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  D2140 AMALGAM - NOB SURFACE, PERMANENT  S44.80  D2151 AMALGAM - TWO SURFACES, PERMANENT  S54.80  D2151 AMALGAM - TWO SURFACES, PERMANENT  S54.80  D2151 AMALGAM - FOR TOO FM MORE SURFACES, PERMANENT  S68.80  D2151 AMALGAM - FOR TOO FM MORE SURFACES, PERMANENT  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  D2330 RESIN - TWO SURFACES, ANTERIOR  D2331 RESIN - THREE SURFACES, SATTERIOR  D2332 RESIN - THREE SURFACES ANTERIOR  D2333 RESIN - THREE SURFACES ANTERIOR  D2334 RESIN - THREE SURFACES ANTERIOR  D2335 RESIN - THREE SURFACES ANTERIOR  D2336 RESIN - SURFACES ANTERIOR  D2337 RESIN - THREE SURFACES ANTERIOR  D2338 RESIN - THREE SURFACES ANTERIOR  D2339 RESIN- THREE SURFACES ANTERIOR  D2330 RESIN-DUR ON ROMES SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES - ALLOWANCE IS THE SAME AS D2140)  NC  D2340 GOLD FOIL - THREE SURFACES SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES - ALLOWANCE IS THE SAME AS D2140)  NC  D2340 GOLD FOIL TWO SURFACE  NC  D2440 GOLD FOIL TWO SURFACE  N	D9310		\$24.00
MISCELLANEOUS SERVICES:  APPLICATION OF DESENSITIZING MEDICAMENTS (NO MORE THAN TWO PROCEDURES PER QUADRANT IN ANY BENEFIT YEAR)- NARRATIVE D9910 REQUIRED S15.60 D9911 APPLICATION OF DESENSITIZING RESIN- PER TOOTH  CLASS II. BASIC DENTAL SERVICES (PAYABLE AT 80% OF THE STATE ALLOWANCE AFTER THE BENEFIT YEAR DEDUCTIBLE)  NO BENEFITS ARE PAYABLE FOR TEMPORARY PROCEDURES WHICH ARE CONSIDERED PART OF A MORE DEFINITIVE TREATMENT.  ANALGAM RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  D2140 AMALGAM- ONE SURFACE, PERMANENT 533.90 D2150 AMALGAM- TWO SURFACE, PERMANENT 544.80 D2161 AMALGAM- TOOR OR MORE SURFACES, PERMANENT 554.60 D2161 AMALGAM- FOUR OR MORE SURFACES, PERMANENT 554.60 D2161 AMALGAM- FOUR OR MORE SURFACES, PERMANENT 554.60 D2161 AMALGAM- FOUR OR MORE SURFACES, PERMANENT 554.60 D2161 AMALGAM- THOSE SURFACES ANTERIOR 554.60 D2161 AMALGAM- THOSE SURFACES ANTERIOR 554.60 D2231 RESIN- TWO SUBFACES ANTERIOR 555.60 D2332 RESIN- THREE SURFACES ANTERIOR 555.60 D2333 RESIN- THREE SURFACES ANTERIOR 555.60 D2334 RESIN- THREE SURFACES ANTERIOR 557.00 D2339 RESIN- TWO SUBFACES ANTERIOR 557.00 D2339 RESIN- TWO SUBFACES ANTERIOR 557.00 D2331 RESIN- DURFACES ANTERIOR 557.00 D2331 RESIN- DURFACE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR) 557.00 D2331 RESIN- DURFACE SURFACES PERMANENT 557.00 D2332 RESIN- THREE SURFACES OR SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2140) NC D2332 RESIN- DURFACE SURFACES POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC D2340 GOLD FOIL- THREE SURFACES SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC D2440 GOLD FOIL- TWO SURFACE NC D2440 PROTECTIVE RESTORATION NC D2450 GOLD FOIL- TWO SURFACE NC D2440 PROTECTIVE RESTORATION NC D2450 GOLD FOIL- TWO SURFACE		PERIODONTAL MAINTENANCE (ONLY ALLOWED WITH HISTORY OF PERIODONTAL THERAPY)	
APPLICATION OF DESENSITIZING MEDICAMENTS (NO MORE THAN TWO PROCEDURES PER QUADRANT IN ANY BENEFIT YEAR)-NARRATIVE D9910 REQUIRED  APPLICATION OF DESENSITIZING RESIN-PER TOOTH  CLASS II. BASIC DENTAL SERVICES  (PAYABLE AT 80% OF THE STATE ALLOWANCE AFTER THE BENEFIT YEAR DEDUCTIBLE)  NO BENEFITS ARE PAYABLE FOR TEMPORARY PROCEDURES WHICH ARE CONSIDERED PART OF A MORE DEFINITIVE TREATMENT.  AMALGAM ESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  D2140 AMALGAM—TWO SURFACES, PERMANENT S44.80 D2160 AMALGAM—TWO SURFACES, PERMANENT S44.80 D2261 AMALGAM—THRE SURFACES, PERMANENT S44.80 D2261 PIN RETENTION—PER TOOTH, IN ADDITION TO RESTORATION D2330 RESIN—ONE SURFACE, ANTERIOR D2330 RESIN—ONE SURFACE, ANTERIOR D2331 RESIN—THREE SURFACE, ANTERIOR D2331 RESIN—THREE SURFACE, ANTERIOR D2332 RESIN—THREE SURFACES OR INVOLVINGS INCISAL ANGLE (ANTERIOR) D2333 RESIN—THREE SURFACES OR INVOLVINGS INCISAL ANGLE (ANTERIOR) D2334 RESIN—THREE SURFACES OR SURFACES OR INVOLVINGS INCISAL ANGLE (ANTERIOR) D2335 RESIN—FOUR OR MORE SURFACES OR INVOLVINGS INCISAL ANGLE (ANTERIOR) D2336 RESIN—BASED COMPOSITE FOR SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES—ALLOWANCE IS THE SAME AS D2149) NC D2339 RESIN—BASED COMPOSITE—FOR SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES—ALLOWANCE IS THE SAME AS D2149) NC D2339 RESIN—BASED COMPOSITE—TOWN SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES—ALLOWANCE IS THE SAME AS D2149) NC D2340 RESIN—BASED COMPOSITE—TOWN SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES—ALLOWANCE IS THE SAME AS D2149) NC D2340 RESIN—BASED COMPOSITE—TOWN SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES—ALLOWANCE IS THE SAME AS D2149) NC D2341 RESIN—THREE SURFACES NC SOSTERIOR (ALTERNATE PROCEDURE RULE APPLIES—ALLOWANCE IS THE SAME AS D2149) NC D2342 RESIN—BASED COMPOSITE—TOWN SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES—ALLOWANCE IS THE SAME AS D2149) NC D2343 RESIN—BASED COMPOSITE—TOWN SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES—ALLOWANCE IS THE S	D4910	PERIODONTAL MAINTENANCE PROCEDURE	\$45.70
APPLICATION OF DESENSITIZING MEDICAMENTS (NO MORE THAN TWO PROCEDURES PER QUADRANT IN ANY BENEFIT YEAR)-NARRATIVE D9910 REQUIRED  APPLICATION OF DESENSITIZING RESIN-PER TOOTH  CLASS II. BASIC DENTAL SERVICES  (PAYABLE AT 80% OF THE STATE ALLOWANCE AFTER THE BENEFIT YEAR DEDUCTIBLE)  NO BENEFITS ARE PAYABLE FOR TEMPORARY PROCEDURES WHICH ARE CONSIDERED PART OF A MORE DEFINITIVE TREATMENT.  AMALGAM ESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  D2140 AMALGAM—TWO SURFACES, PERMANENT S44.80 D2160 AMALGAM—TWO SURFACES, PERMANENT S44.80 D2261 AMALGAM—THRE SURFACES, PERMANENT S44.80 D2261 PIN RETENTION—PER TOOTH, IN ADDITION TO RESTORATION D2330 RESIN—ONE SURFACE, ANTERIOR D2330 RESIN—ONE SURFACE, ANTERIOR D2331 RESIN—THREE SURFACE, ANTERIOR D2331 RESIN—THREE SURFACE, ANTERIOR D2332 RESIN—THREE SURFACES OR INVOLVINGS INCISAL ANGLE (ANTERIOR) D2333 RESIN—THREE SURFACES OR INVOLVINGS INCISAL ANGLE (ANTERIOR) D2334 RESIN—THREE SURFACES OR SURFACES OR INVOLVINGS INCISAL ANGLE (ANTERIOR) D2335 RESIN—FOUR OR MORE SURFACES OR INVOLVINGS INCISAL ANGLE (ANTERIOR) D2336 RESIN—BASED COMPOSITE FOR SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES—ALLOWANCE IS THE SAME AS D2149) NC D2339 RESIN—BASED COMPOSITE—FOR SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES—ALLOWANCE IS THE SAME AS D2149) NC D2339 RESIN—BASED COMPOSITE—TOWN SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES—ALLOWANCE IS THE SAME AS D2149) NC D2340 RESIN—BASED COMPOSITE—TOWN SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES—ALLOWANCE IS THE SAME AS D2149) NC D2340 RESIN—BASED COMPOSITE—TOWN SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES—ALLOWANCE IS THE SAME AS D2149) NC D2341 RESIN—THREE SURFACES NC SOSTERIOR (ALTERNATE PROCEDURE RULE APPLIES—ALLOWANCE IS THE SAME AS D2149) NC D2342 RESIN—BASED COMPOSITE—TOWN SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES—ALLOWANCE IS THE SAME AS D2149) NC D2343 RESIN—BASED COMPOSITE—TOWN SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES—ALLOWANCE IS THE S		MISCELLANEOUS SERVICES:	
D9910 REQUIRED D9911 APPLICATION OF DESENSITIZING RESIN-PER TOOTH  CLASS II. BASIC DENTAL SERVICES  (PAYABLE AT 80% OF THE STATE ALLOWANCE AFTER THE BENEFIT YEAR DEDUCTIBLE)  NO BENEFITS ARE PAYABLE FOR TEMPORARY PROCEDURES WHICH ARE CONSIDERED PART OF A MORE DEFINITIVE TREATMENT.  AMALGAM - ONE SURFACE, PERMANENT  D2140 AMALGAM - TWO SURFACES, PERMANENT  D2160 AMALGAM - THREE SURFACE, PERMANENT  D2160 AMALGAM - THREE SURFACE, SERMANENT  D2161 AMALGAM - THREE SURFACES, PERMANENT  D2162 PIR RETENTION - PER TOOTH, IN ADDITION TO RESTORATION  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  D2330 RESIN - TONE SURFACE, ANTERIOR  D2331 RESIN - THREE SURFACE, ANTERIOR  D2332 RESIN - TONE SURFACE, ANTERIOR  D2334 RESIN - THOO SURFACE, ANTERIOR  D2335 RESIN - TONE SURFACE, ANTERIOR  D2336 RESIN - TONE SURFACE, ANTERIOR  D2337 RESIN - TONE SURFACE, ANTERIOR  D2339 RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)  D2390 RESIN- BASED COMPOSITE - FONE SURFACE, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2140) NC  D2391 RESIN-BASED COMPOSITE - THREE SURFACE, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2140) NC  D2393 RESIN-BASED COMPOSITE - THREE SURFACE, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2140) NC  D2394 AS D21401 NC SURFACE  D2395 RESIN-BASED COMPOSITE - TONE SURFACE, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2140) NC  D2396 RESIN-BASED COMPOSITE - THREE SURFACE, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2140) NC  D2396 RESIN-BASED COMPOSITE - THREE SURFACE, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2140) NC  D2397 RESIN-BASED COMPOSITE - THREE SURFACE, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES-			
CLASS II. BASIC DENTAL SERVICES  (PAYABLE AT 80% OF THE STATE ALLOWANCE AFTER THE BENEFIT YEAR DEDUCTIBLE)  NO BENEFITS ARE PAYABLE FOR TEMPORARY PROCEDURES WHICH ARE CONSIDERED PART OF A MORE DEFINITIVE TREATMENT.  AMALGAM RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  D2140 AMALGAM - ONE SURFACE, PERMANENT \$33.90 D2150 AMALGAM - THOS SURFACES, PERMANENT \$44.80 D2160 AMALGAM - THOS SURFACES, PERMANENT \$44.80 D21610 AMALGAM - THOS SURFACES, PERMANENT \$54.80 D2161 PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION \$14.20  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  D2330 RESIN - TOOL SURFACE, ANTERIOR \$39.30 D2331 RESIN - TOOL SURFACE, ANTERIOR \$53.60 D2332 RESIN - THREE SURFACES, ANTERIOR \$53.60 D2333 RESIN - TOOL SURFACE, ANTERIOR \$53.60 D2333 RESIN - TOOL SURFACE, ANTERIOR \$53.60 D2334 RESIN - THREE SURFACES, ANTERIOR \$53.60 D2335 RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR) \$72.10 D2390 RESIN-BASED COMPOSITE CROWN, ANTERIOR \$50.60 D2339 RESIN-BASED COMPOSITE CROWN, ANTERIOR \$192.50 D2391 RESIN-BASED COMPOSITE - THOS SURFACE, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC D2392 RESIN-BASED COMPOSITE - THOS SURFACE, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC RESIN-BASED COMPOSITE - THOS SURFACE, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC D2393 RESIN-BASED COMPOSITE - THOS SURFACE, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC RESIN-BASED COMPOSITE - THOS SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC D2393 GOLD FOLL-THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC D2394 PROFESTORATI	D9910		\$15.60
(PAYABLE AT 80% OF THE STATE ALLOWANCE AFTER THE BENEFIT YEAR DEDUCTIBLE)  NO BENEFITS ARE PAYABLE FOR TEMPORARY PROCEDURES WHICH ARE CONSIDERED PART OF A MORE DEFINITIVE TREATMENT.  AMALGAM RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  D2140 AMALGAM - TON'D SURFACES, PERMANENT  S33.90 D2150 AMALGAM - TON'D SURFACES, PERMANENT  S44.80 D21610 AMALGAM - THREE SURFACES, PERMANENT  S54.60 D21611 AMALGAM - TON'D SURFACES, PERMANENT  S64.80 D2951 PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  D2330 RESIN - ONE SURFACES, ANTERIOR  D2331 RESIN - THREE SURFACES, ANTERIOR  D2332 RESIN - THREE SURFACES, ANTERIOR  D2333 RESIN - THREE SURFACES, ANTERIOR  D2334 RESIN - THREE SURFACES, ANTERIOR  D2335 RESIN - THREE SURFACES, ANTERIOR  D2336 RESIN - THREE SURFACES, ANTERIOR  D2337 RESIN - BASED COMPOSITE - CROWN, ANTERIOR  D2339 RESIN - BASED COMPOSITE - CHO SURFACE, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES - ALLOWANCE IS THE SAME AS D2140)  NC D2399 RESIN BASED COMPOSITE - TWO SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES - ALLOWANCE IS THE SAME AS D2140)  NC D2391 RESIN BASED COMPOSITE - TWO SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES - ALLOWANCE IS THE SAME AS D2160)  NC D2392 RESIN BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES - ALLOWANCE IS THE SAME AS D2160)  NC D2393 RESIN BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES - ALLOWANCE IS THE SAME AS D2160)  NC D2394 RESIN BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES - ALLOWANCE IS THE SAME AS D2160)  NC D2395 RESIN BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES - ALLOWANCE IS THE SAME AS D2160)  NC D2396 RESIN BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES - ALLO	D9911	APPLICATION OF DESENSITIZING RESIN- PER TOOTH	NC
NO BENEFITS ARE PAYABLE FOR TEMPORARY PROCEDURES WHICH ARE CONSIDERED PART OF A MORE DEFINITIVE TREATMENT.  AMALGAM RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  D2140 AMALGAM - TWO SURFACES, PERMANENT \$33.90 D2150 AMALGAM - TRIVES SURFACES, PERMANENT \$54.60 D2150 AMALGAM - TRIVES SURFACES, PERMANENT \$54.60 D2161 AMALGAM - TRIVES SURFACES, PERMANENT \$54.60 D2161 AMALGAM - TRIVES SURFACES, PERMANENT \$54.60 D2161 PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION  D2351 PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  D2330 RESIN - ONE SURFACES, ANTERIOR \$35.00 D2331 RESIN - THREE SURFACES, ANTERIOR \$35.00 D2332 RESIN - THREE SURFACES, ANTERIOR \$55.00 D2333 RESIN-THREE SURFACES, ANTERIOR \$55.00 D2334 RESIN-BASED COMPOSITE CROWN, ANTERIOR \$572.10 D2390 RESIN-BASED COMPOSITE CROWN, ANTERIOR \$192.50 D2391 RESIN-BASED COMPOSITE COMES UPSTREADES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150) NC D2392 RESIN-BASED COMPOSITE - TIME SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150) NC D2393 RESIN-BASED COMPOSITE - TIME SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC D2394 RESIN-BASED COMPOSITE - TIME SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC D2395 RESIN-BASED COMPOSITE - TIME SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC D2396 RESIN-BASED COMPOSITE - TIME SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC D2397 RESIN-BASED COMPOSITE - TIME SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC D2398 RESIN-BASED COMPOSITE - TIME SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) N			
AMALGAM RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  D2140 AMALGAM - TWO SURFACE, PERMANENT \$33.90 D2150 AMALGAM - THREE SURFACES, PERMANENT \$54.60 D21610 AMALGAM - THREE SURFACES, PERMANENT \$54.60 D21611 AMALGAM - FOUR OR MORE SURFACES, PERMANENT \$58.80 D2951 PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION \$14.20  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATION (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATION (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  S192.30  RESIN-BASED COMPOSITE CONE SURFACE AND RESTORATION (INCLUDING ALL ADHESIVES, PUSTERIOR (ALTERNATE PROCEDURE RULE APPLIES-ALLOWANCE IS THE SAME AS D2169) NC D2402 (INCLUDING ADEL) AND RESTORATION (INCLUDING ALL ADHESIVES, PUSTERIOR (ALTERNATE PROCEDURE RULE APPLIES-ALLOWANCE IS THE SAME AS D2169) NC D2402 (INCLUDING BITCH FOR MORE SURFACE) PUSTERIOR (ALTERNATE PROCEDURE RULE APPLIES-ALLOWANCE IS THE SAME AS D2169) NC D2402 (INCLUDING BITCH FOR MORE SURFACE) PUSTERIOR (ALTERNATE PROCEDURE RULE APPLIES-ALLOWANCE IS THE SAME AS D2169) NC D2402 (INCLUDING BITCH FOR MORE SURFACE) PUSTERIOR (ALTERNATE PROCEDURE RULE AP		(PAYABLE AT 80% OF THE STATE ALLOWANCE AFTER THE BENEFIT YEAR DEDUCTIBLE)	
D2140 AMALGAM - ONE SURFACE, PERMANENT  D2150 AMALGAM - TWO SURFACES, PERMANENT  D2160 AMALGAM - THREE SURFACES, PERMANENT  D2160 AMALGAM - TREE SURFACES, PERMANENT  D2161 AMALGAM - FOUR OR MORE SURFACES, PERMANENT  D2161 AMALGAM - FOUR OR MORE SURFACES, PERMANENT  S68.80  D2951 PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  D2330 RESIN - ONE SURFACE, ANTERIOR  D2331 RESIN - THREE SURFACES, ANTERIOR  D2332 RESIN - THREE SURFACES, ANTERIOR  D2332 RESIN - THREE SURFACES, ANTERIOR  D2330 RESIN-BASED COMPOSITE CROWN, ANTERIOR  D2330 RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES - ALLOWANCE IS THE SAME AS D2150)  D2391 RESIN-BASED COMPOSITE - THOR SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES - ALLOWANCE IS THE SAME AS D2150)  D2392 RESIN-BASED COMPOSITE - THORE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES - ALLOWANCE IS THE SAME AS D2150)  D2393 RESIN-BASED COMPOSITE - THORE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES - ALLOWANCE IS THE SAME AS D2150)  D2394 AS D2161  D2394 AS D2161  D2395 RESIN-BASED COMPOSITE - THORE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES - ALLOWANCE IS THE SAME AS D2160)  D2396 RESIN-BASED COMPOSITE - THORE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES - ALLOWANCE IS THE SAME AS D2160)  D2397 RESIN-BASED COMPOSITE - THORE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES - ALLOWANCE IS THE SAME AS D2160)  D2398 RESIN-BASED COMPOSITE - THORE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES - ALLOWANCE IS THE SAME AS D2160)  D2399 RESIN-BASED COMPOSITE - THORE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES - ALLOWANCE IS THE SAME AS D2160)  NC  D2390 PULP CAPPING:  D3110 PULP CAP-INRECT (EXCLUDING FINAL RESTORATION)  THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE D		NO BENEFITS ARE PAYABLE FOR TEMPORARY PROCEDURES WHICH ARE CONSIDERED PART OF A MORE DEFINITIVE TREATMENT.	
D2150 AMALGAM - TWO SURFACES, PERMANENT D2161 AMALGAM - THREE SURFACES, PERMANENT S54.60 D2161 AMALGAM - THREE SURFACES, PERMANENT S68.80 D2351 PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  D2330 RESIN - ONE SURFACE, ANTERIOR D2331 RESIN - THREE SURFACES, ANTERIOR D2332 RESIN - THREE SURFACES, ANTERIOR D2332 RESIN - THREE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR) D2330 RESIN-BASED COMPOSITE CROWN, ANTERIOR D2391 RESIN-BASED COMPOSITE ONE SURFACES POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2140) D2392 RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150) D2393 RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150) D2393 RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150) D2393 RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150) D2394 RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150) D2394 RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150) D2394 RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150) D2395 RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150) D2396 PIN PROTECTIVE RESTORATION D2400 POLICITIVE RESTORATION S37.40 D2401 POLICITIVE RESTORATION S37.40 D2402 POLICITIVE RESTORATION PULP CAPPING:  THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND PULP CAPPING:  THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) P		AMALGAM RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):	
D2160 AMALGAM - THREE SURFACES, PERMANENT D2161 AMALGAM - FOUR OR MORE SURFACES, PERMANENT S68.80 D2161 PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION S14.20  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  D2330 RESIN - ONE SURFACE, ANTERIOR S39.30 D2331 RESIN - TWO SURFACES, ANTERIOR S53.60 D2332 RESIN - THREE SURFACES, ANTERIOR S53.60 D2335 RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR) S572.10 D2390 RESIN-BASED COMPOSITE OR SURFACE, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2140) NC D2392 RESIN-BASED COMPOSITE - THREE SURFACE, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150) NC D2393 RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC D2394 AS D2161) RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC D2394 AS D2161) NC D2394 AS D2161) NC D2402 GOLD FOIL-ONE SURFACE NC D2403 GOLD FOIL-TON SURFACE NC D2404 GOLD FOIL-TON SURFACE NC D2405 GOLD FOIL-TON SURFACE NC D2406 GOLD FOIL-THREE SURFACE NC D2407 GOLD FOIL-THREE SURFACE NC D2408 GOLD FOIL-THREE SURFACE NC D2409 POPITETIVE RESTORATION S37.40 D2951 PIN RETENTION- PER TOOTH, IN ADDITION TO RESTORATION NC D3110 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) NC D3110 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) NC D3120 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) NC D3120 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) NC D3220 APPLICATION OF MEDICAMENT S42.60			
D2161 AMALGAM. FOUR OR MORE SURFACES, PERMANENT  D2351 PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION  COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  D2330 RESIN - ONE SURFACE, ANTERIOR  D2331 RESIN - TWO SURFACES, ANTERIOR  D2332 RESIN - THREE SURFACES, ANTERIOR  D2333 RESIN - THREE SURFACES, ANTERIOR  D2335 RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)  D2396 RESIN-BASED COMPOSITE - COMPOSITE - ONE SURFACE, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2140)  D2391 RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150)  D2393 RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150)  NC  RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150)  NC  RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150)  NC  RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150)  NC  RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150)  NC  RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150)  NC  D2420 GOLD FOIL-TWO SURFACE  NC  D2420 GOLD FOIL-TWO SURFACE  NC  D2420 GOLD FOIL-TWO SURFACE  NC  D2420 GOLD FOIL-TWICE SURFACES  NC  D2420 GOLD FOIL-THREE SURFACE  NC  D2420 GOLD FOIL-TWO SURFACE  NC  D2420 GOLD FOIL-T			
COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):  D2330 RESIN - ONE SURFACE, ANTERIOR \$33.30  D2331 RESIN - TWO SURFACES, ANTERIOR \$53.60  D2332 RESIN - THREE SURFACES, ANTERIOR \$55.60  D2333 RESIN - THREE SURFACES, ANTERIOR \$55.60  D2333 RESIN - THREE SURFACES, ANTERIOR \$55.60  D2330 RESIN-BASED COMPOSITE CROWN, ANTERIOR \$72.10  D2390 RESIN-BASED COMPOSITE CROWN, ANTERIOR \$192.50  D2391 RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2140) NC  D2392 RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC  RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC  RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC  RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC  RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC  D2404 AS D2161) NC  D2410 GOLD FOIL-ONE SURFACE NC  D2420 GOLD FOIL-ONE SURFACE NC  D2420 GOLD FOIL-TWO SURFACE NC  D2420 GOLD FOIL-TWO SURFACE NC  D2420 GOLD FOIL-TWO SURFACE NC  D2420 POLD-TWO SURFACE NC	D2161	AMALGAM - FOUR OR MORE SURFACES, PERMANENT	
D2331 RESIN - ONE SURFACE, ANTERIOR \$33.9.0 D2331 RESIN - TWO SURFACES, ANTERIOR \$53.60 D2332 RESIN - THREE SURFACES, ANTERIOR \$65.60 D2333 RESIN-FOUR OR MORE SURFACES, OR INVOLVING INCISAL ANGLE (ANTERIOR) \$72.10 D2390 RESIN-BASED COMPOSITE CROWN, ANTERIOR \$192.50 D2391 RESIN-BASED COMPOSITE CROWN, ANTERIOR \$192.50 D2391 RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2140) NC D2392 RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150) NC D2393 RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150) NC D2393 RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC D2394 AS D2161)  D2410 GOLD FOIL-OWD SURFACE NC D2420 GOLD FOIL-OWD SURFACE NC D2430 GOLD FOIL-TWO SURFACE NC D2430 GOLD FOIL-TWO SURFACE NC D2440 PROTECTIVE RESTORATION \$37.40 D2501 PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION \$37.40 D2501 PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION NC D3120 PULP CAPPING:  D3110 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) NC PULP CAPPING:  THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND \$42.60 D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	\$14.20
D2331 RESIN - TWO SURFACES, ANTERIOR  D2332 RESIN - THREE SURFACES, ANTERIOR  D2333 RESIN - THREE SURFACES, ANTERIOR  D2336 RESIN - THREE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)  D2390 RESIN-BASED COMPOSITE CROWN, ANTERIOR  D2391 RESIN-BASED COMPOSITE CROWN, ANTERIOR  D2392 RESIN-BASED COMPOSITE - THE SURFACE, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2140)  D2393 RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150)  D2393 RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160)  RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160)  RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160)  D2404 AS D2161)  D2410 GOLD FOIL-ONE SURFACE  D2420 GOLD FOIL-THREE SURFACE  D2420 GOLD FOIL-TWO SURFACE  D2430 GOLD FOIL-TWO SURFACE  D2430 GOLD FOIL-THREE SURFACE  D2430 GOLD FOIL-THREE SURFACE  D2430 GOLD FOIL-THREE SURFACE  D2430 PROTECTIVE RESTORATION  D2951 PIN RETENTION- PER TOOTH, IN ADDITION TO RESTORATION  D2951 PIN RETENTION- PER TOOTH, IN ADDITION TO RESTORATION)  D3110 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)  PULPOTOMY:  THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT  \$42.60  D3220 APPLICATION OF MEDICAMENT  \$42.60  D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH		COMPOSITE RESTORATIONS (INCLUDING ALL ADHESIVES, BONDING AGENTS, BASES, LINERS AND PULP CAPS):	
D2331 RESIN - TWO SURFACES, ANTERIOR  D2332 RESIN - THREE SURFACES, ANTERIOR  D2333 RESIN - THREE SURFACES, ANTERIOR  D2336 RESIN - THREE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)  D2390 RESIN-BASED COMPOSITE CROWN, ANTERIOR  D2391 RESIN-BASED COMPOSITE CROWN, ANTERIOR  D2392 RESIN-BASED COMPOSITE - THE SURFACE, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2140)  D2393 RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150)  D2393 RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160)  RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160)  RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160)  D2404 AS D2161)  D2410 GOLD FOIL-ONE SURFACE  D2420 GOLD FOIL-THREE SURFACE  D2420 GOLD FOIL-TWO SURFACE  D2430 GOLD FOIL-TWO SURFACE  D2430 GOLD FOIL-THREE SURFACE  D2430 GOLD FOIL-THREE SURFACE  D2430 GOLD FOIL-THREE SURFACE  D2430 PROTECTIVE RESTORATION  D2951 PIN RETENTION- PER TOOTH, IN ADDITION TO RESTORATION  D2951 PIN RETENTION- PER TOOTH, IN ADDITION TO RESTORATION)  D3110 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)  PULPOTOMY:  THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT  \$42.60  D3220 APPLICATION OF MEDICAMENT  \$42.60  D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	D2330	RESIN - ONE SURFACE ANTERIOR	\$39.30
D2335 RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)  D2390 RESIN-BASED COMPOSITE CROWN, ANTERIOR  D2391 RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2140)  D2392 RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150)  D2393 RESIN-BASED COMPOSITE - THOS SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150)  NC  RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160)  NC  RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160)  NC  D2410 GOLD FOIL-ONE SURFACE  D2410 GOLD FOIL-ONE SURFACE  NC  D2420 GOLD FOIL-TWO SURFACE  D2430 GOLD FOIL-THREE SURFACE  NC  D2430 GOLD FOIL-THREE SURFACE  NC  D2430 GOLD FOIL-THREE SURFACE  NC  D2940 PROTECTIVE RESTORATION  S37.40  D2951 PIN RETENTION- PER TOOTH, IN ADDITION TO RESTORATION  S37.40  PULP CAPPING:  D3110 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)  NC  PULP CAPPING:  THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT  S42.60  D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH  \$42.60	D2331	RESIN - TWO SURFACES, ANTERIOR	\$53.60
D2390 RESIN-BASED COMPOSITE CROWN, ANTERIOR  D2391 RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2140) NC  D2392 RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150) NC  D2393 RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC  RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC  RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC  RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC  RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC  RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC  RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC  RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC  RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC  RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC  RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150) NC  RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC  RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC  RESIN-BASED COMPOSITE - TOWARCE TO THE SAME AS D2160) NC  RESIN-BASED COMPOSITE - TOWARCE TO THE SAME AS D2160) NC  RESIN-BASED COMPOSITE			
D2392 RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2150) NC D2393 RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2161) NC D2394 AS D2161) NC D2410 GOLD FOIL-TWO SURFACE NC D2420 GOLD FOIL-TWO SURFACE NC D2430 GOLD FOIL-TWO SURFACE NC D2430 GOLD FOIL-THREE SURFACE NC D2940 PROTECTIVE RESTORATION \$37.40 D2951 PIN RETENTION- PER TOOTH, IN ADDITION TO RESTORATION \$14.20  PULP CAPPING:  D3110 PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION) NC D3120 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) NC  PULPOTOMY:  THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND \$42.60 D3220 APPLICATION OF MEDICAMENT S42.60 D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$192.50
D2393 RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160) NC RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2161) NC D2410 GOLD FOIL-ONE SURFACE NC D2420 GOLD FOIL-THREE SURFACE NC D2430 GOLD FOIL-THREE SURFACE NC D2940 PROTECTIVE RESTORATION \$37.40 D2951 PIN RETENTION- PER TOOTH, IN ADDITION TO RESTORATION \$14.20 PULP CAPPING:  D3110 PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION) NC D3120 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) NC D3220 APPLICATION PER D016 FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND D3220 APPLICATION OF MEDICAMENT PRIMARY AND PERMANENT TEETH \$42.60 D3221 PULPAL DEBRIDDEMENT, PRIMARY AND PERMANENT TEETH			
D2394   AS D2161   NC		RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR (ALTERNATE PROCEDURE RULE APPLIES- ALLOWANCE IS THE SAME AS D2160)	
D2410 GOLD FOIL-ONE SURFACE D2420 GOLD FOIL-TWO SURFACE D2430 GOLD FOIL-TWO SURFACE D2430 GOLD FOIL-TWO SURFACE D2430 GOLD FOIL-THERE SURFACE D2940 PROTECTIVE RESTORATION D2951 PIN RETENTION- PER TOOTH, IN ADDITION TO RESTORATION PILE CAPPING:  D3110 PULP CAPPING: D3120 PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION) NC D3120 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) NC  PULPOTOMY:  THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT D3220 APPLICATION OF MEDICAMENT S42.60 D321 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	D2394		NC
D2430 GOLD FOIL-THREE SURFACE D2940 PROTECTIVE RESTORATION D2951 PIN RETENTION- PER TOOTH, IN ADDITION TO RESTORATION S14.20 PULP CAPPING: D3110 PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION) D3120 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) NC PULPOTOMY: THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND A220 APPLICATION OF MEDICAMENT D3221 PULPAL DEBRIDGMENT, PRIMARY AND PERMANENT TEETH  NC S42.60	D2410		NC
D2940 PROTECTIVE RESTORATION D2951 PIN RETENTION- PER TOOTH, IN ADDITION TO RESTORATION S14.20  PULP CAPPING:  D3110 PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION) NC D3120 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) NC  PULPOTOMY:  THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND D3220 APPLICATION OF MEDICAMENT D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH \$42.60		GOLD FOIL-THREE SURFACE	
PULP CAPPING:  D3110 PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION) NC D3120 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) NC  PULPOTOMY:  THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND D3220 APPLICATION OF MEDICAMENT \$42.60 D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH \$42.60	D2940	PROTECTIVE RESTORATION	\$37.40
D3110 PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION) NC D3120 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) NC  PULPOTOMY:  THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT \$42.60 D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH \$42.60	DZ95T		φ14.∠U
D3120 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)  PULPOTOMY:  THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT  D3220 APPLICATION OF MEDICAMENT  \$42.60  \$42.60			
PULPOTOMY:  THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND  APPLICATION OF MEDICAMENT  D3220 APPLICATION OF MEDICAMENT  PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH  \$42.60			
THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND D3220 APPLICATION OF MEDICAMENT \$42.60 D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH \$42.60	20.20		
D3220         APPLICATION OF MEDICAMENT         \$42.60           D3221         PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH         \$42.60		PULPOTOMY:	
D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH \$42.60	D3220	, ,	\$42.60
D3222 PARTIAL PULPOTOMY FOR APEXOGENESIS- PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMMENT \$42.60	D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$42.60
	D3222	PARTIAL PULPUTOMY FOR APEXOGENESIS- PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMMENT	\$42.60

	ENDODONTIC THERAPY ON PRIMARY TEETH:	
D3230	PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$75.00
D3240	PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)  PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$85.00
	ROOT CANAL THERAPY: (INCLUDES TREATMENT PLAN, CLINICAL PROCEDURES AND FOLLOW-UP CARE) BENEFITS ARE PAYABLE FOR MORE THAN ONE ROOT CANAL TREATMENT ON THE SAME TOOTH ONLY AFTER REVIEW AND APPROVAL BY A DENTAL CONSULTANT OF SUBMITTED	
	DOCUMENTATION AND THE APPROPRIATE ADA PROCEDURE CODE.	
D2240	ANTERIOR (EXCLUDING FINAL RESTORATION)	₽205.40
D3310 D3320	AN IERION (EACLUDING FINAL RESTORATION) BICUSPIO (EXCLUDING FINAL RESTORATION)	\$205.40 \$237.10
D3330	MOLAR (EXCLUDING FINAL RESTORATION)	\$339.80
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS  INCOMPLETE ENDODANTIC SURGADY, INDEPENDE LUBERTODABLE OF EDACTIOED TOOTH	\$167.20
D3332 D3333	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$237.10 \$167.20
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY- ANTERIOR- SUBJECT TO DENTAL CONSULTANT REVIEW	\$205.40
D3347 D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY- BICUSPID- SUBJECT TO DENTAL CONSULTANT REVIEW RETREATMENT OF PREVIOUS ROOT CANAL THERAPY- MOLAR- SUBJECT TO DENTAL CONSULTANT REVIEW	\$237.10 \$339.80
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPT - MOLERA SUBJECT TO DENTAL CONSULTANT REFUEL  APEXIFICATION/ RECALCIFICATION/ PULPAL REGENERATION - INITIAL VISIT (APICAL CLOSURE/ CALCIFIC REPAIR OF PERFORATIONS, ROOT	<del>ф</del> 339.60
D3351	RESORPTION, PULP SPACE DISINFECTION, ETC.)	\$167.20
D3352	APEXIFICATION/ RECALCIFICATION/ PULPAL REGENERATION- INTERIM MEDICATION REPLACEMENT  APEXIFICATION/ RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY-APICAL CLOSURE/CALCIFIC REPAIR OF	\$167.20
D3353	PERFORATIONS, ROOT RESORPTION, ETC.)	\$167.20
	PULPAL REGENERATION- COMPLETION OF REGENERATIVE TREATMENT IN AN IMMATURE PERMANENT TOOTH WITH A NECROTIC PULP-DOES	
D3354	NOT INCLUDE FINAL RESTORATION	\$167.20
	APICOECTOMY/PERIRADICULAR SERVICES:	
D3410 D3421	APICOECTOMY/ PERIRADICULAR SURGERY- ANTERIOR  APICOECTOMY/ PERIRADICULAR SURGERY- BICUSPID (FIRST ROOT)	\$232.80 \$232.80
D3421 D3425	APICOECTOMY/ PERIRADICULAR SURGERY - BICUSPID (FIRST ROOT)  APICOECTOMY/ PERIRADICULAR SURGERY - MOLAR (FIRST ROOT)	\$232.80
D3426	APICOECTOMY/ PERIRADICULAR SURGERY- EACH ADDITIONAL ROOT	\$232.80
D3430 D3450	RETROGRADE FILLING - PER ROOT ROOT AMPUTATION - PER ROOT	\$51.40 \$124.50
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	NC
D3470	INTENTIONAL REIMPLANTATION (INCLUDING NECESSARY SPLINTING	NC
	OTHER ENDODONTIC PROCEDURES:	
	CTIER ENGESONIC I NOCESTICE.	
D3910	SURGICAL PROCEDURE/ ISOLATION W/ DAM	NC
D3920 D3950	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY  CANAL PREP/FITTING OF PREFORMED DOWEL OR POST	\$89.60 NC
	OWNER THE THE OF THE OWNER DOWNER ON THE	110
	PERIODONTICS- SURGICAL SERVICES	
	(NO BENEFITS ARE PAYABLE FOR MORE THAN FOUR QUADRANTS IN ANY 36-MONTH PERIOD FOR THE FOLLOWING:)  PERIODONTAL/ SURGICAL SERVICES MAY BE SUBJECT TO DENTAL CONSULTANT REVIEW	
	GINGIVECTOMY OR GINGIVOPLASTY GINGIVAL CURRETAGE	
	GINGIVAL CONTROL PAGE OSSEOUS SURGERY OSSEOUS SURGERY	
	PERIODONTAL SCALING AND ROOT PLANING	
	MUCOGINGIVAL SUGERY	
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT	\$169.40
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT	\$45.60
D4212 D4230	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH  ANATOMICAL CROWN EXPOSURE- FOUR OR MORE CONTIGUOUS TEETH PER QUADRANT	\$45.60 \$165.60
D4231	ANATOMICAL CROWN EXPOSURE- ONE TO THREE TEETH PER QUADRANT	\$44.70
D4240 D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER	\$191.30
D4241 D4245	GINGUAL FLAF PROCEDURE, INCLUDING ROOT FLANING - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES FER APICALLY POSITIONED FLAP	\$95.50 \$200.00
D4249	CLINICAL CROWN LENGTHENING- HARD TISSUE	\$172.60
D4260 D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER  QUADRANT	\$403.20
D4261 D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	\$241.92 \$155.00
D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	\$85.00
D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE	\$240.00
D4267 D4268	GUIDED TISSUE REGENERATION- NONRESORBABLE BARRIER, PER SITE (INCLUDES MEMBRANE REMOVAL)  SURGICAL REVISION PROCEDURE, PER TOOTH	\$290.00 \$174.60
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$298.30
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH  DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME	\$375.00
D4274	ANATOMICAL AREA	\$74.30
D4275	SOFT TISSUE ALLOGRAFT- NARRATIVE REQUIRED FOR DENTAL CONSULTANT REVIEW	\$400.00
D4276 D4277	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH- NARRATIVE REQUIRED FOR DENTAL CONSULTANT REVIEW  FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), FIRST TOOTH OR EDENTULOUS TOOTH POSITION IN GRAFT	\$383.00 \$320.20
	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), EACH ADDITIONAL TOOTH OR EDENTULOUS TOOTH POSITION	
D4278	IN SAME GRAFT SITE	\$176.00
	NON-SURGICAL PERIODONTAL SERVICES:	
D4320	PROVISIONAL SPLINTING - INTRACORONAL PROVISIONAL SPLINTING - EXTRACORONAL	NC NC
D4321 D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	NC \$84.20
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT	\$31.59
DASEE	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE PERIODONTAL EVALUATION AND DIAGNOSIS (BENEFITS ARE PAYABLE ONLY ONCE PER LIFETIME.)	
D4355 D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH	\$82.00 \$17.75
D4920	UNSCHEDULED DRESSING CHANGE	NC NC

	CLASS III. PROSTHODONTIC- MAJOR DENTAL SERVICES	
	(PAYABLE AT 50% OF THE STATE ALLOWANCE AFTER THE BENEFIT YEAR DEDUCTIBLE)	
	RESTORATION.	
	ONLAY RESTORATIONS:	
	oner netronation.	
D2542	ONLAY- METALLIC- TWO SURFACES	\$380.00
D2543	ONLAY- METALLIC- THREE SURFACES	\$390.00
D2544	ONLAY- METALLIC- FOUR OR MORE SURFACES  AND AN DEOCST AND SURFACES	\$400.00
D2642 D2643	ONLAY- PROCELAIN/CERAMIC- TWO SURFACES ONLAY- PROCELAIN/CERAMIC- THREE SURFACES	\$380.00 \$390.00
D2644	ONLAY-PROCELAIN/CERAMIC-FOUR OR MORE SURFACES	\$400.00
D2662	ONLAY- RESIN-BASED COMPOSITE- TWO SURFACES	\$380.00
D2663	ONLAY- RESIN-BASED COMPOSITE- THREE SURFACES	\$390.00
D2664	ONLAY- RESIN-BASED COMPOSITE- FOUR OR MORE SURFACES	\$400.00
	CROWNS: SINGLE RESTORATIONS	
	ONOTINE SHOULD REPORT THE	
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	\$192.50
D2712	CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT)	\$391.00
D2720 D2721	CROWN- RESIN WITH HIGH NOBLE METAL	\$391.00
D2721 D2722	CROWN- RESIN WITH PREDOMINANTLY BASE METAL CROWN- RESIN WITH NOBLE METAL	\$349.00 \$370.00
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	\$391.00
D2750	CROWN- PORCELAIN FUSED TO HIGH NOBLE METAL	\$409.60
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$409.60
D2752	SINGLE RESTORATION - CROWN- PORCELAIN FUSED TO NOBLE METAL	\$409.60
D2780 D2781	CROWN - 3/4 CAST HIGH NOBLE METAL  CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$391.00 \$391.00
D2781 D2782	CROWN - 3/4 CAST NOBLE METAL  CROWN - 3/4 CAST NOBLE METAL	\$391.00
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$391.00
D2790	CROWN-FULL CAST HIGH NOBLE METAL	\$409.60
D2791	CROWN-FULL CAST PREDOMINANTLYBASE METAL	\$370.00
D2792 D2794	CROWN-FULL CAST NOBLE METAL CROWN -TITANIUM	\$396.80
D2194	CROWN - THANDON	\$370.00
	OTHER RESTORATIVE SERVICES:	
D2910	RECEMENT INLAY, ONLAY OR PARTIAL COVERAGE RESTORATION	\$24.50
D2915 D2920	RECEMENT CAST OR PREFABRICATED POST AND CORE RECEMENT CROWN	\$20.50 \$25.60
D2929	PREFABRICATED PORCELAIN/ CERAMIC CROWN- PRIMARY TOOTH	\$67.80
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$67.80
D2931	PREFABRICATED STAINLESS STEEL CROWN- PERMANENT TOOTH	\$67.80
D2932	PREFABRICATED RESIN CROWN  PREFABRICATED RESIN C	\$99.20
D2933 D2934	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW  PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$99.20 \$99.20
D2950	CORE BUILD-UP, INCLUDING ANY PINS	\$93.30
D2952	CAST POST AND CORE IN ADDITION TO CROWN	\$135.30
D2953	EACH ADDITIONAL CAST POST - SAME TOOTH	\$61.00
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$95.70
D2955 D2957	POST REMOVAL  EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	\$65.00 \$56.00
D2960	LABIAL VENEER (LAMINATE) - CHAIRSIDE	\$175.00
D2961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	NC
D2962	LABIAL VENEER (PORCELAIN LAMINATE)- LABORATORY	\$275.00
D2970	TEMPORARY CROWN (FRACTURED TOOTH)  ADDITIONAL DEOCREPHINES TO CONSTRUCT NEW CROWN LINDER EVICTING PARTIAL DENTITIES FRAMEWORK	NC ©47.00
D2971 D2980	ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER EXISTING PARTIAL DENTURE FRAMEWORK  CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$47.90 \$125.00
D2981	INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$33.90
D2982	ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$44.80
D2983	VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$68.80
D2990	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS	\$26.60
	COMPLETE DENTURES: (INCLUDING SIX MONTHS POST-DELIVERY CARE)	1
	COMPLETE DESTRUCES, INDEEDING ON MONTHS I COT-DELIVER I CARE)	
D5110	COMPLETE UPPER DENTURE	\$379.20
D5120	COMPLETE LOWER DENTURE	\$379.20
D5130	IMMEDIATE UPPER DENTURE	\$417.80
D5140	IMMEDIATE LOWER DENTURE	\$417.80
	PARTIAL DENTURES: (INCLUDING SIX MONTHS POST-DELIVERY CARE)	
		1
D5211	UPPER PARTIAL- RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$260.30
D5212	LOWER PARTIAL- RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$260.30
DE010	MAXILLARY PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS	<b>#</b> F04.00
D5213	AND TEETH) MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTAL BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS	\$501.80
	MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTAL BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$501.80
D5214		
D5214 D5225		\$390.50
	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)  MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	

	ADJUSTMENTS TO DENTURES: (MORE THAN 90 DAYS AFTER INITIAL PLACEMENT)	1
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$26.90
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR ADJUST PARTIAL DENTURE - MAXILLARY	\$26.90
D5421		\$37.40
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$37.40
	REPAIRS TO COMPLETE DENTURES:	
	RELATION TO COMMITTEE BEATONEO.	
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$45.50
D5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)	\$40.90
		*
	REPAIRS TO PARTIAL DENTURES:	
D5610	REPAIR RESIN DENTURE BASE	\$45.50
D5620	REPAIR CAST FRAMEWORK	\$46.70
D5630	REPAIR OR REPLACE BROKEN CLASP REPLACE BROKEN TEETH - PER TOOTH	\$47.90
D5640 D5650	REFLACE BROKEN 1EEI IN - PER 1001H ADD TOOTH TO EXISTING PARTIAL DENTURE	\$21.00 \$45.50
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$68.80
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	\$260.30
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)	\$260.30
		,
	REBASE PROCEDURES ARE NOT COVERED UNDER THE STATE DENTAL PLAN.	
	RELINE PROCEDURES:	
		0.00
D5730	RELINE MAXILLARY COMPLETE DENTURE (CHAIRSIDE)	\$102.70
D5731	RELINE MANDIBULAR COMPLETE DENTURE (CHAIRSIDE)  RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$102.70
D5740 D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$102.70 \$102.70
D5741 D5750	RELINE MAXILLARY COMPLETE DENTURE (CHARGIDE) RELINE MAXILLARY COMPLETE DENTURE (LABORATORY)	\$102.70
D5750	RELINE MANDIBULAR COMPLETE DENTURE (LABORATORY) RELINE MANDIBULAR COMPLETE DENTURE (LABORATORY)	\$123.70
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$150.60
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$150.60
	OTHER REMOVABLE PROSTHODONTIC SERVICES:	
D5850	TISSUE CONDITIONING, MAXILLARY (BENEFITS ARE ALLOWED TWICE PER UNIT IN A 36 MONTH PERIOD)	\$47.90
D5851	TISSUE CONDITIONING, MANDIBULAR (BENEFITS ARE ALLOWED TWICE PER UNIT IN A 36 MONTH PERIOD)	\$47.90
D5860	OVER DENTURE COMPLETE, BY REPORT	\$379.20
D5861	OVER DENTURE PARTIAL, BY REPORT	\$260.30
D5862	PRECISION ATTACHMENT	NC
D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT	NC
D5875 D5899	MODIFICATION OF REMOVBLE PROSTHESIS FOLLOWING IMPLANT SURGERY  UNSPECIFIED PROSTHODONTIC PROCEDURE	\$68.80
D5899	UNSPECIFIED PROSTHODONTIC PROCEDURE	NC
	MAXILLOFACIAL PROSTHETICS:	
D5911	FACIAL MOULAGE (SECTION)	NC
D5912	FACIAL MOULAGE (COMPLETE)	NC
D5913	NASAL PROSTHESIS	NC
D5914	AURICULAR PROSTHESIS	NC
D5915	ORBITAL PROSTHESIS	NC
D5916	OCULAR PROSTHESIS	NC NC
D5919 D5922	FACIAL PROSTHESIS  NASAL SEPTAL PROSTHESIS	NC NC
D5923	OCULAR PROSTHESIS, INTERIM	NC
D5923 D5924	CRANIAL PROSTHESIS	NC NC
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	NC
D5926	NASAL PROSTHESIS, REPLACEMENT	NC
D5927	AURICULAR PROSTHESIS, REPLACEMENT	NC
D5928	ORBITAL PROSTHESIS, REPLACEMENT	NC
D5929	FACIAL PROSTHESIS, REPLACEMENT	NC NC
D5931	OBTURATOR PROSTHESIS, SURGICAL OPTURATOR DROCETHESIS DEFINITIVE	NC NC
D5932	OBTURATOR PROSTHESIS, DEFINITIVE OBTURATOR PROSTHESIS, MODIFICATION	NC NC
D5933 D5934	MANDIBULAR RESECTION (FLANGE) PROSTHESIS	NC NC
D5934 D5935	IMANDIBULAR RESECTION (WITHOUT FLANGE) PROSTRESIS	NC NC
D5936	IMPATOR-PROSTHESIS, INTERIM	NC
D5937	TRISMUS APPLIANCE	NC
D5951	FEEDING AID	NC
D5952	PEDIATRIC SPEECH AID	NC
D5953	ADULT SPEECH AID	NC
D5954	SUPERIMPOSED PROSTHESIS	NC NC
D5955	PALATAL LIFT PROSTHESIS DALATAL LIFT PROFUSE(S) INTERIM	NC NC
D5958	PALATAL LIFT PROSTHESIS, INTERIM PALATAL LIFT PROSTHESIS, MODIFICATION	NC NC
D5959 D5960	SPEECH AID PROSTHESIS, MODIFICATION	NC NC
D5960 D5982	SPEECH AID PROSTRESIS, MODIFICATION SURGICAL STENT	NC NC
D5983	SURGICAL STENT RADIATION CARRIER	NC NC
D5984	RADIATION SHIELD	NC
D5985	RADIATION CONE LOCATOR	NC
D5986	FLUORIDE GEL CARRIER	NC
D5987	COMMISSURE SPLINT	NC
D5988	SURGICAL SPLINT	NC
D5991	TOPICAL MEDICAMENT CARRIER	NC
D5992	ADJUST MAXILLOFACIAL PROSTHECTIC APPLIANCE, BY REPORT	NC
D5993	MAINTENANCE AND CLEANING OF A MAXILLOFACIAL PROSTHESIS (EXTRA OR INTRAORAL) OTHER THAN REQUIRED ADJUSTMENTS, BY	NC

D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	NC
50000		.,,,
	IMPLANT SERVICES:	
	PRE-SURGICAL SERVICES	
	FRE-SUNGICAL SERVICES	
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	\$95.20
	SURGICAL SERVICES:	
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	\$766.00
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS: ENDOSTEAL IMPLANT	\$890.40
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	\$3,242.80
D6050 D6100	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT IMPLANT REMOVAL, BY REPORT	\$2,419.20 BY REPORT
D6100	DEBRIDGEMENT OF A PERIIMPLANT DEFECT AND SURFACE CLEANING OF EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND	\$95.60
	DEBRIDEMENT AND OSSEOUS CONTOURING OF A PERIIMPLANT DEFECT; INCLUDES SURFACE CLEANING OF EXPOSED IMPLANT SURFACES	•
D6102	AND FLAP ENTRY AND CLOSURE	\$241.92
D6103	BONE GRAFT FOR REPAIR OF PERIMPLANT DEFECT- NOT INCLUDING FLAP ENTRY AND CLOSURE OR PLACEMENT OF A BARRIER MEMBRANE OR BIOLOGIC MATERIALS TO AID IN OSSEOUS REGENERATION	\$155.00
D6103	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	\$155.00
	IMPLANT SUPPORTED PROSTHETICS	
D6055	CONNECTING BAD, IMDI ANT OD ADJITMENT SLIDDOPTED	¢202.20
D6055	CONNECTING BAR- IMPLANT OR ABUTMENT SUPPORTED  PREFABRICATED ABUTMENT- INCLUDES MODIFICATION AND PLACEMENT	\$283.20 \$245.20
D6057	CUSTOM FABRICATED ABUTMENT- INCLUDES PLACEMENT	\$280.00
D6051	INTERIM ABUTMENT	NC
D6053	IMPLANT/ ABUTMENT SUPPORTED REMOVABLE DENTURE FOR COMPLETELY EDENTULOUS ARCH	\$703.60
D6054 D6078	IMPLANT/ ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH IMPLANT/ ABUTMENT SUPPORTED FIXED DENTURE FOR COMPLETELY EDENTULOUS ARCH	\$703.60 \$400.00
D6078	IMPLANT/ ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH	\$400.00
D6058	ABUTMENT SUPPORTED PORCELAIN/ CERAMIC CROWN	\$542.40
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN- HIGH NOBLE METAL	\$608.00
D6060 D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN- PREDOMINANTLY BASE METAL)  ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN- NOBLE METAL	\$506.00 \$516.40
D6062	ABUTMENT SUPPORTED CAST METAL CROWN-HIGH NOBLE METAL	\$514.40
D6063	ABUTMENT SUPPORTED CAST METAL CROWN- PREDOMINANTLY BASE METAL	\$448.00
D6064	ABUTMENT SUPPORTED CAST METAL CROWN- NOBLE METAL	\$468.40
D6094 D6065	ABUTMENT SUPPORTED CROWN- TITANIUM  IMPLANT SUPPORTED PORCELAIN/ CERAMIC CROWN	\$424.80 \$533.60
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN-TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL	\$680.00
D6067	IMPLANT SUPPORTED METAL CROWN- TITANIUM, TITANUIM ALLOY, HIGH NOBLE METAL	\$504.40
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/ CERAMIC FPD	\$538.00
D6069 D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD- HIGH NOBLE METAL  ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD- PREDOMINANTLY BASE METAL	\$535.20 \$506.00
D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FFD- PROBLE METAL  ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FFD- NOBLE METAL  ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FFD- NOBLE METAL	\$516.40
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD- HIGH NOBLE METAL	\$522.40
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD- PREDOMINANTLY BASE METAL	\$477.20
D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD- NOBLE METAL	\$507.20
D6194 D6075	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD- TITANIUM IMPLAN SUPPORTED RETAINER FOR CERAMIC FPD	\$437.60 \$533.60
D6076	IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD- TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL	\$520.00
D6077	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD- TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL	\$504.40
	OTHER MEN AND SERVICES	
	OTHER IMPLANT SERVICES:	
	IMPLANT MAINTENANCE PROCEDURE- INCLUDING REMOVAL OF PROSTHESIS, CLEANSING OF PROSTHESIS AND ABUTMENTS, REINSERTION	
D6080	OF PROSTHESIS	\$44.00
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS	\$36.00
D6095 D6091	REPAIR IMPLANT ABUTMENT, BY REPORT  REPLACEMENT OF SEMI-PRECISION OR PRECISION ATTACHMENT OF IMPLANT- ABUTMENT SUPPORTED PROSTHESIS, PER ATTACHMENT	BY REPORT \$213.60
D6091	RECEMENT IMPLANT/ ABUTMENT SUPPORTED CROWN	\$25.60
D6093	RECEMENT IMPLANT/ ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	\$50.20
D6199	UNSPECIFIED IMPLANT PROCEDURE, BY REPORT	\$95.20
	BRIDGE PONTICS:	
	5.100.	
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	\$330.20
D6210	PONTIC - CAST HIGH NOBLE METAL  PONTIC - CAST PROPAUMANTY VALOE METAL	\$403.80
D6211 D6212	PONTIC - CAST PREDOMINANTLY BASE METAL PONTIC - CAST NOBLE METAL	\$370.00 \$382.70
D6212 D6214	PONTIC - CAST NOBLE METAL PONTIC - TITANIUM	\$382.70
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	\$409.60
D6241	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$409.60
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL  DOUBLE DODREL ANY CEDAMIC	\$409.60
D6245 D6250	PONTIC - PORCELAIN/ CERAMIC PONTIC - RESIN WITH HIGH NOBLE METAL	\$409.60 \$403.80
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	\$330.20
D6252	PONTIC - RESIN WITH NOBLE METAL	\$384.00
D6253	PROVISIONAL PONTIC	NC
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	INLAY/ONLAY- ABUTMENTS:	
D6545	RETAINER-CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	\$128.30
D6548	RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	\$128.30
D6608	ONLAY - PORCELAIN/CERAMIC, TWO SURFACES	\$345.00
D6609	ONLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	\$360.00
D6610	ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$345.00
D6611	ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES  ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$360.00
D6612 D6613	ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	\$345.00 \$360.00
D6614	ONLAY - CAST NOBLE METAL, TWO SURFACES  ONLAY - CAST NOBLE METAL, TWO SURFACES	\$345.00
D6615	ONLAY - CAST NOBLE METAL, THE SORFACES ONLAY - CAST NOBLE METAL, THE SORFACES	\$360.00
D6634	ONLAY - VAST I MODE WILL TALL, THINKE ON WICKE SON ACES	\$360.00
D0034	ONEAT - ITTANION	ψ300.00
	CROWN-ABUTMENTS:	
D6710	CROWN - INDIRECT RESIN BASED COMPOSITE	\$370.00
D6720	BRIDGE RETAINERS - CROWN-RESIN WITH HIGH NOBLE METAL	\$391.00
D6721	BRIDGE RETAINERS- CROWN- RESIN WITH PREDOMINANTLY BASE METAL	\$304.60
D6722	BRIDGE RETAINERS - CROWN- RESIN WITH NOBLE METAL	\$336.10
D6740	CROWN - PORCELAIN/CERAMIC	\$409.60
D6750	BRIDGE RETAINERS - CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$409.60
D6751	BRIDGE RETAINERS - CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$409.60
D6752	BRIDGE RETAINERS - CROWN- PORCELAIN FUSED TO NOBLE METAL	\$409.60
D6780	BRIDGE RETAINERS - CROWN-3/4 CAST HIGH NOBLE METAL	\$360.60
D6781	CROWN - 3/4 CAST PREDOMINANTLY BASED METAL	\$360.60
D6782	CROWN - 3/4 CAST NOBLE METAL	\$360.60
D6783	CROWN - 3/4 PORCELAIN/CERAMIC	\$409.60
D6790	BRIDGE RETAINERS - CROWN-FULL CAST HIGH NOBLE ME-TAL	\$409.60
D6791	BRIDGE RETAINERS - CROWN- FULL CAST PREDOMINANTLY BASE METAL BRIDGE RETAINERS - CROWN- FULL CAST NOBLE METAL	\$370.00
D6792 D6794	BRIDGE RETAINERS - CROWN-FULL CAST NOBLE METAL  CROWN - TITANIUM  CROWN - TITANIUM	\$396.80 \$370.00
D6794	CROWN - HTANIOW	\$370.00
	OTHER SERVICES	
	OTHER GERVINES	
D6930	RECEMENT FIXED PARTIAL DENTURE	\$50.20
D6940	STRESS BREAKER	NC NC
D6950	PRECISION ATTACHMENT	NC
D6980	FIXED PARTIAL DENTURE REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$75.80
D6985	PEDIATRIC PARTIAL DENTURE, FIXED	NC
	SIMPLE EXTRACTIONS (INCLUDES LOCAL ANESTHESIA AND POST-OPERATIVE CARE)	
D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH	\$35.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$45.90
	SURGICAL EXTRACTIONS: INCLUDES LOCAL ANESTHESIA AND POST-OPERATIVE CARE)	
	THE PROPERTY OF A CONTROL OF THE OTHER PROPERTY OF THE PROPERTY OF THE OTHER PROPERTY.	
	**- PROCEDURE IS COVERED BY THE STATE HEALTH PLAN- IF THE PROCEDURE IS COVERED BY THE STATE HEALTH AND DENTAL PLANS,  THE STATE HEALTH PLAN WILL PROCESS THE CHARGE FIRST. THE STATE DENTAL PLAN WILL THEN COORDINATE ITS PAYMENT WITH THE	
	THE STATE HEALTH PLAN'S PAYMENT.	
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF	\$66.60
D7210 D7220**	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$66.60 \$83.00
D7220**	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED REMOVAL OF IMPACTED TOOTH- SOFT TISSUE	\$83.00
	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	
D7220** D7230**	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED REMOVAL OF IMPACTED TOOTH- SOFT TISSUE REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	\$83.00 \$115.90
D7220** D7230** D7240** D7241** D7250**	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED REMOVAL OF IMPACTED TOOTH- SOFT TISSUE REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY SEMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$83.00 \$115.90 \$127.80
D7220** D7230** D7240** D7241**	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED  REMOVAL OF IMPACTED TOOTH - SOFT TISSUE  REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY  REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY  REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$83.00 \$115.90 \$127.80 \$196.70
D7220** D7230** D7240** D7241** D7250**	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED  REMOVAL OF IMPACTED TOOTH - SOFT TISSUE  REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY  REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY  REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS  SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)  CORONECTOMY- INTENTIONAL PARTIAL TOOTH REMOVAL	\$83.00 \$115.90 \$127.80 \$196.70 \$57.90
D7220** D7230** D7240** D7241** D7250**	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED REMOVAL OF IMPACTED TOOTH- SOFT TISSUE REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY SEMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$83.00 \$115.90 \$127.80 \$196.70 \$57.90
D7220** D7230** D7240** D7241** D7250** D7251**	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED REMOVAL OF IMPACTED TOOTH- SOFT TISSUE REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) CORONECTOMY- INTENTIONAL PARTIAL TOOTH REMOVAL  OTHER SURGICAL PROCEDURES:	\$83.00 \$115.90 \$127.80 \$196.70 \$57.90 \$83.00
D7220** D7230** D7240** D7241** D7250** D7251**	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED REMOVAL OF IMPACTED TOOTH- SOFT TISSUE REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) CORONECTOMY- INTENTIONAL PARTIAL TOOTH REMOVAL  OTHER SURGICAL PROCEDURES:  ORAL ANTRAL FISTULA CLOSURE	\$83.00 \$115.90 \$127.80 \$196.70 \$57.90 \$83.00
D7220** D7230** D7240** D7241** D7250** D7251**  D7260** D7261**	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED  REMOVAL OF IMPACTED TOOTH - SOFT TISSUE REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) CORONECTOMY- INTENTIONAL PARTIAL TOOTH REMOVAL  OTHER SURGICAL PROCEDURES:  ORAL ANTRAL FISTULA CLOSURE PRIMARY CLOSURE OF A SINUS PERFORATION	\$83.00 \$115.90 \$127.80 \$196.70 \$57.90 \$83.00 \$267.80
D7220** D7230** D7240** D7241** D7250** D7251**  D7260** D7261**	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED REMOVAL OF IMPACTED TOOTH - SOFT TISSUE REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) CORONECTOMY- INTENTIONAL PARTIAL TOOTH REMOVAL  OTHER SURGICAL PROCEDURES:  ORAL ANTRAL FISTULA CLOSURE PRIMARY CLOSURE OF A SINUS PERFORATION TOOTH RE-IMPLANTATION AND /OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	\$83.00 \$115.90 \$127.80 \$196.70 \$57.90 \$83.00 \$267.80 NC
D7220** D7230** D7240** D7241** D7250** D7251**  D7260** D7261** D7270 D7272	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED REMOVAL OF IMPACTED TOOTH - SOFT TISSUE REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) CORONECTOMY- INTENTIONAL PARTIAL TOOTH REMOVAL  OTHER SURGICAL PROCEDURES:  ORAL ANTRAL FISTULA CLOSURE PRIMARY CLOSURE OF A SINUS PERFORATION TOOTH RE-IMPLANTATION AND /OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH TOOTH TRANSPLANTATION	\$83.00 \$115.90 \$127.80 \$196.70 \$57.90 \$83.00 \$267.80 \$C.7.80 NC
D7220** D7230** D7230** D7241** D7250** D7251**  D7261** D7261** D7272 D7272	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED  REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) CORONECTOMY- INTENTIONAL PARTIAL TOOTH REMOVAL  OTHER SURGICAL PROCEDURES:  ORAL ANTRAL FISTULA CLOSURE PRIMARY CLOSURE OF A SINUS PERFORATION TOOTH RE-IMPLANTATION AND /OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH TOOTH TRANSPLANTATION SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$83.00 \$115.90 \$127.80 \$196.70 \$57.90 \$83.00 \$267.80 \$267.80 NC NC \$134.40
D7220** D7230** D7230** D7241** D7241** D7250** D7251**  D7260** D7261** D7270 D7272 D7280 D7282	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED REMOVAL OF IMPACTED TOOTH - SOFT TISSUE REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) CORONECTOMY- INTENTIONAL PARTIAL TOOTH REMOVAL  OTHER SURGICAL PROCEDURES:  ORAL ANTRAL FISTULA CLOSURE PRIMARY CLOSURE OF A SINUS PERFORATION TOOTH RE-IMPLANTATION AND /OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH TOOTH TRANSPLANTATION	\$83.00 \$115.90 \$127.80 \$196.70 \$57.90 \$83.00 \$267.80 NC NC S134.40 \$115.90
D7220** D7230** D7230** D7241** D7250** D7251**  D7261** D7261** D7272 D7272	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED REMOVAL OF IMPACTED TOOTH - SOFT TISSUE REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) CORONECTOMY- INTENTIONAL PARTIAL TOOTH REMOVAL  OTHER SURGICAL PROCEDURES:  ORAL ANTRAL FISTULA CLOSURE PRIMARY CLOSURE OF A SINUS PERFORATION TOOTH RE-IMPLANTATION AND /OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH TOOTH TRANSPLANTATION SURGICAL ACCESS OF AN UNERUPTED TOOTH MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	\$83.00 \$115.90 \$127.80 \$196.70 \$57.90 \$83.00 \$267.80 \$267.80 NC NC \$134.40
D7220** D7230** D7240** D7241** D7251** D7251** D7261** D7261** D7270 D7272 D7282 D7283	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED REMOVAL OF IMPACTED TOOTH - SOFT TISSUE REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) CORONECTOMY- INTENTIONAL PARTIAL TOOTH REMOVAL  OTHER SURGICAL PROCEDURES:  ORAL ANTRAL FISTULA CLOSURE PRIMARY CLOSURE OF A SINUS PERFORATION TOOTH RE-IMPLANTATION AND /OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH TOOTH TRANSPLANTATION SURGICAL ACCESS OF AN UNERUPTED TOOTH MOBILIZATION OF BRUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH (PLACEMENT OF AN ORTHODONTIC BRACKET)	\$83.00 \$115.90 \$127.80 \$196.70 \$57.90 \$83.00 \$267.80 NC NC NC \$134.40 \$115.90 \$18.50
D7220** D7230** D7230** D7241** D7250** D7251**  D7261** D7261** D7272 D7272 D7280 D7283 D7283 D7285**	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED  REMOVAL OF IMPACTED TOOTH - SOFT TISSUE REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) CORONECTOMY- INTENTIONAL PARTIAL TOOTH REMOVAL  OTHER SURGICAL PROCEDURES:  ORAL ANTRAL FISTULA CLOSURE PRIMARY CLOSURE OF A SINUS PERFORATION TOOTH RE-IMPLANTATION AND JOR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH TOOTH TRANSPLANTATION SURGICAL ACCESS OF AN UNERUPTED TOOTH MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH (PLACEMENT OF AN ORTHODONTIC BRACKET) BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	\$83.00 \$115.90 \$127.80 \$196.70 \$57.90 \$83.00 \$267.80 NC NC \$134.40 \$115.90 \$18.50 \$102.70
D7220** D7230** D7230** D7241** D7250** D7251**  D7261** D7272 D7272 D7272 D7272 D7282 D7282 D7283 D7285** D7286**	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED  REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) CORONECTOMY- INTENTIONAL PARTIAL TOOTH REMOVAL  OTHER SURGICAL PROCEDURES:  ORAL ANTRAL FISTULA CLOSURE PRIMARY CLOSURE OF A SINUS PERFORATION TOOTH RE-IMPLANTATION AND JOR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH TOOTH TRANSPLANTATION SURGICAL ACCESS OF AN UNERUPTED TOOTH MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH (PLACEMENT OF AN ORTHODONTIC BRACKET) BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH) BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH) BIOPSY OF ORAL TISSUE - SOFT EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION	\$83.00 \$115.90 \$127.80 \$196.70 \$57.90 \$83.00 \$267.80 NC NC NC \$134.40 \$115.90 \$18.50 \$102.70 \$83.00
D7220** D7230** D7240** D7241** D7241** D7251**  D7251**  D7261** D7270 D7272 D7280 D7283 D7283 D7285** D7286** D7285**	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED  REMOVAL OF IMPACTED TOOTH - SOFT TISSUE REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)  CORONECTOMY- INTENTIONAL PARTIAL TOOTH REMOVAL  OTHER SURGICAL PROCEDURES:  ORAL ANTRAL FISTULA CLOSURE PRIMARY CLOSURE OF A SINUS PERFORATION TOOTH RE-IMPLANTATION AND /OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH TOOTH TRANSPLANTATION SURGICAL ACCESS OF AN UNBRUPTED TOOTH MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH (PLACEMENT OF AN ORTHODONTIC BRACKET) BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH) BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH) BIOPSY OF ORAL TISSUE - SOFT EXPOLIATIVE CYTOLOGICAL SAMPLE COLLECTION BRUSH BIOPSY - TRANSPEPTHELIAL SAMPLE COLLECTION SURGICAL REPOSITIONING OF TEETH	\$83.00 \$115.90 \$127.80 \$196.70 \$57.90 \$83.00 \$267.80 NC NC \$134.40 \$115.90 \$18.50 \$102.70 \$83.00 NC
D720** D7230** D7230** D7241** D7241** D7250** D7251**  D7261** D7270 D7272 D7280 D7282 D7283 D7285** D7286** D7287 D7287 D7289 D7289 D7289 D7289 D7289 D7289 D7289	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED  REMOVAL OF IMPACTED TOOTH - SOFT TISSUE  REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY  REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY  SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)  CORONECTOMY- INTENTIONAL PARTIAL TOOTH REMOVAL  OTHER SURGICAL PROCEDURES:  ORAL ANTRAL FISTULA CLOSURE  PRIMARY CLOSURE OF A SINUS PERFORATION  TOOTH RE-IMPLANTATION AND /OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH  TOOTH TRANSPLANTATION  SURGICAL ACCESS OF AN UNERUPTED TOOTH  MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION  PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH (PLACEMENT OF AN ORTHODONTIC BRACKET)  BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)  BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)  BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION  BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION  SURGICAL REPOSITIONING OF TEETH  TRANSSEPTAL FIBEROTOMY, BY REPORT	\$83.00 \$115.90 \$127.80 \$196.70 \$57.90 \$83.00 \$267.80 NC NC \$134.40 \$115.90 \$18.50 \$102.70 \$83.00 NC \$63.00 NC
D7220** D7230** D7230** D7241** D7250** D7251**  D7261** D7261** D7272 D7272 D7280 D7282 D7283 D7285** D7286** D7286** D7287 D7287 D7287 D7289 D7288 D7288 D7288	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED  REMOVAL OF IMPACTED TOOTH - SOFT TISSUE REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)  CORONECTOMY- INTENTIONAL PARTIAL TOOTH REMOVAL  OTHER SURGICAL PROCEDURES:  ORAL ANTRAL FISTULA CLOSURE PRIMARY CLOSURE OF A SINUS PERFORATION TOOTH RE-IMPLANTATION AND /OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH TOOTH TRANSPLANTATION SURGICAL ACCESS OF AN UNBRUPTED TOOTH MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH (PLACEMENT OF AN ORTHODONTIC BRACKET) BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH) BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH) BIOPSY OF ORAL TISSUE - SOFT EXPOLIATIVE CYTOLOGICAL SAMPLE COLLECTION BRUSH BIOPSY - TRANSPEPTHELIAL SAMPLE COLLECTION SURGICAL REPOSITIONING OF TEETH	\$83.00 \$115.90 \$127.80 \$196.70 \$57.90 \$83.00 \$267.80 NC NC \$134.40 \$115.90 \$102.70 \$83.00 NC
D720** D7230** D7230** D7241** D7241** D7250** D7251**  D7261** D7270 D7272 D7280 D7282 D7283 D7285** D7286** D7287 D7287 D7289 D7289 D7289 D7289 D7289 D7289 D7289	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED REMOVAL OF IMPACTED TOOTH- SOFT TISSUE REMOVAL OF IMPACTED TOOTH- PARTIALLY BONY REMOVAL OF IMPACTED TOOTH- COMPLETELY BONY REMOVAL OF IMPACTED TOOTH- COMPLETELY BONY REMOVAL OF IMPACTED TOOTH- COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) CORONECTOMY- INTENTIONAL PARTIAL TOOTH REMOVAL  OTHER SURGICAL PROCEDURES:  ORAL ANTRAL FISTULA CLOSURE PRIMARY CLOSURE OF A SINUS PERFORATION TOOTH RE-IMPLANTATION AND /OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH TOOTH TRANSPLANTATION SURGICAL ACCESS OF AN UNERUPTED TOOTH MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH (PLACEMENT OF AN ORTHODONTIC BRACKET) BIOPSY OF ORAL TISSUE - SOFT EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION SURGICAL REPOSITIONING OF TEETH TRANSSEPTAL FIBEROTOMY, BY REPORT	\$83.00 \$115.90 \$127.80 \$196.70 \$57.90 \$83.00 \$267.80 NC NC \$134.40 \$115.90 \$18.50 \$102.70 \$83.00 NC \$63.00 NC
D720** D7230** D7230** D7241** D7241** D7250** D7251**  D7261** D7270 D7272 D7280 D7282 D7283 D7285** D7286** D7287 D7287 D7289 D7289 D7289 D7289 D7289 D7289 D7289	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED  REMOVAL OF IMPACTED TOOTH - SOFT TISSUE  REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY  REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY  SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)  CORONECTOMY- INTENTIONAL PARTIAL TOOTH REMOVAL  OTHER SURGICAL PROCEDURES:  ORAL ANTRAL FISTULA CLOSURE  PRIMARY CLOSURE OF A SINUS PERFORATION  TOOTH RE-IMPLANTATION AND /OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH  TOOTH TRANSPLANTATION  SURGICAL ACCESS OF AN UNERUPTED TOOTH  MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION  PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH (PLACEMENT OF AN ORTHODONTIC BRACKET)  BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)  BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)  BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION  BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION  SURGICAL REPOSITIONING OF TEETH  TRANSSEPTAL FIBEROTOMY, BY REPORT	\$83.00 \$115.90 \$127.80 \$196.70 \$57.90 \$83.00 \$267.80 NC NC \$134.40 \$115.90 \$18.50 \$102.70 \$83.00 NC \$63.00 NC
D7220** D7230** D7230** D7241** D7250** D7251**  D7261** D7261** D7270 D7272 D7280 D7282 D7282 D7282 D7283 D7285** D7286** D7286** D7287 D7287 D7287 D7287 D7287 D7287 D7287 D7287 D7287 D7288	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED  REMOVAL OF IMPACTED TOOTH - SOFT TISSUE  REMOVAL OF IMPACTED TOOTH - SOFT TISSUE  REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY  REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY  REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS  SURGICAL REMOVAL OF RESIDUAL TOOTH REMOVAL  OTHER SURGICAL PROCEDURES:  ORAL ANTRAL FISTULA CLOSURE  PRIMARY CLOSURE OF A SINUS PERFORATION  TOOTH RE-IMPLANTATION AND /OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH  TOOTH TRANSPLANTATION  SURGICAL ACCESS OF AN UNBERUPTED TOOTH  MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION  PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH (PLACEMENT OF AN ORTHODONTIC BRACKET)  BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)  BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)  BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION  SURGICAL REPOSITIONING OF TEETH  TRANSEPTAL FIBEROTOMY, BY REPORT  HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE	\$83.00 \$115.90 \$127.80 \$196.70 \$57.90 \$83.00 \$267.80 NC NC \$134.40 \$115.90 \$18.50 \$102.70 \$83.00 NC \$83.00 NC
D7220** D7230** D7230** D7241** D7250** D7251**  D7251**  D7261** D7272 D7280 D7282 D7282 D7283 D7285** D7286** D7287 D7289 D7289 D7295 D7290 D7291 D7291 D7291 D7291 D7291	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED  REMOVAL OF IMPACTED TOOTH - SOFT TISSUE  REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY  REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS  SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)  CORONECTOMY- INTENTIONAL PARTIAL TOOTH REMOVAL  OTHER SURGICAL PROCEDURES:  ORAL ANTRAL FISTULA CLOSURE  PRIMARY CLOSURE OF A SINUS PERFORATION  TOOTH RE-IMPLANTATION AND /OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH  TOOTH TRANSPLANTATION  SURGICAL ACCESS OF AN UNERUPTED TOOTH  MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION  PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH (PLACEMENT OF AN ORTHODONTIC BRACKET)  BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)  BIOPSY OF ORAL TISSUE - SOFT  EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION  BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION  BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION  BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION  SURGICAL REPOSITIONING OF TEETH  TRANSSEPTAL FIBEROTOMY, BY REPORT  HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE  ALVEOLOPLASTY: (SURGICAL PREPARATION OF RIDGE FOR DENTURES)  ALVEOLOPLASTY: (SURGICAL PREPARATION OF RIDGE FOR DENTURES)	\$83.00 \$115.90 \$127.80 \$196.70 \$57.90 \$83.00 \$267.80 NC NC \$134.40 \$115.90 \$10.2.70 \$83.00 NC \$163.90 NC
D7220** D7230** D7230** D7241** D7241** D7250** D7251**  D7261** D7272 D7272 D7272 D7272 D7282 D7283 D7285** D7286** D7287 D7289 D7289 D7290 D7291 D7295 D7291 D7295	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED  REMOVAL OF IMPACTED TOOTH - SOFT TISSUE  REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY  REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY  REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS  SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)  CORONECTOMY- INTENTIONAL PARTIAL TOOTH REMOVAL  OTHER SURGICAL PROCEDURES:  ORAL ANTRAL FISTULA CLOSURE  PRIMARY CLOSURE OF A SINUS PERFORATION  TOOTH RE-IMPLANTATION AND /OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH  TOOTH TRANSPLANTATION  SURGICAL ACCESS OF AN UNERUPTED TOOTH  MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION  MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION  PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH (PLACEMENT OF AN ORTHODONTIC BRACKET)  BIOPSY OF ORAL TISSUE - SOFT  EXPOLATIVE CYTOLOGICAL SAMPLE COLLECTION  BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION  BRUSH BIOPSY (SURGICAL SAMPLE COLLECTION)  BRUSH BIOPSY (SURGICAL PREPARATION OF RIDGE FOR DENTURES)  ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT  ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT  ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT  ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$83.00 \$115.90 \$127.80 \$196.70 \$57.90 \$83.00 \$267.80 \$267.80 NC NC \$134.40 \$115.90 \$102.70 \$83.00 NC \$163.90 NC
D7220** D7230** D7230** D7230** D7241** D7250** D7251**  D7261** D7261** D7270 D7272 D7280 D7282 D7282 D7283 D7285** D7286** D7286** D7287 D7290 D7291 D7291 D7291 D7291 D7310 D7310 D7311 D7320	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED  REMOVAL OF IMPACTED TOOTH - SOFT TISSUE REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS SURGICAL REMOVAL OF RESIDUAL TOOTH ROTOS (CUTTING PROCEDURE)  CORONECTOMY- INTENTIONAL PARTIAL TOOTH REMOVAL  OTHER SURGICAL PROCEDURES:  ORAL ANTRAL FISTULA CLOSURE PRIMARY CLOSURE OF A SINUS PERFORATION TOOTH RE-IMPLANTATION AND /OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH TOOTH TRANSPLANTATION SURGICAL ACCESS OF AN UNBERUPTED TOOTH MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH (PLACEMENT OF AN ORTHODONTIC BRACKET) BIOPSY OF ORAL TISSUE - SHARD (BONE, TOOTH) BIOPSY OF ORAL TISSUE - SOFT  EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION SURGICAL REPOSITIONING OF TEETH TRANSSEPTAL FIBEROTOMY, BY REPORT HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE  ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	\$83.00 \$115.90 \$127.80 \$196.70 \$57.90 \$83.00 \$267.80 NC NC \$134.40 \$115.90 \$18.50 \$102.70 \$83.00 NC \$67.80 NC
D7220** D7230** D7230** D7241** D7241** D7250** D7251**  D7261** D7272 D7272 D7272 D7272 D7282 D7283 D7285** D7286** D7287 D7287 D7287 D7272 D7280 D7281 D7280 D7281 D7281 D7285	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED  REMOVAL OF IMPACTED TOOTH - SOFT TISSUE  REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY  REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY  REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS  SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)  CORONECTOMY- INTENTIONAL PARTIAL TOOTH REMOVAL  OTHER SURGICAL PROCEDURES:  ORAL ANTRAL FISTULA CLOSURE  PRIMARY CLOSURE OF A SINUS PERFORATION  TOOTH RE-IMPLANTATION AND /OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH  TOOTH TRANSPLANTATION  SURGICAL ACCESS OF AN UNERUPTED TOOTH  MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION  MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION  PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH (PLACEMENT OF AN ORTHODONTIC BRACKET)  BIOPSY OF ORAL TISSUE - SOFT  EXPOLATIVE CYTOLOGICAL SAMPLE COLLECTION  BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION  BRUSH BIOPSY (SURGICAL SAMPLE COLLECTION)  BRUSH BIOPSY (SURGICAL PREPARATION OF RIDGE FOR DENTURES)  ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT  ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT  ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT  ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$83.00 \$115.90 \$127.80 \$196.70 \$57.90 \$83.00 \$267.80 NC NC \$134.40 \$115.90 \$102.70 \$83.00 NC \$163.90 NC

	VECTION ON ACTV	ı
	VESTIBULOPLASTY	
D7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)	\$320.20
D1340	VESTIBULOPLAST: - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE	φυςυ.ζυ
D7350	VESTIBLEOF AND MANAGEMENT OF HYPERTROPHIED AND HYPERPLASTIC TISSUE)	\$610.10
D7330	ATTACHWENT AND WANAGEMENT OF THE ENTROL FILE AND THE ENTROL FIGURE	ψ010.10
	EXCISION OF REACTIVE INFLAMMATORY LESIONS: (SCAR TISSUE OR LOCALIZED CONGENITAL LESIONS)	
	EXCISION OF REACTIVE INFERMINATOR FEESIONS: (SCAR TISSUE ON ECCALIZED CONGENITAL LESIONS)	
D7410**	EXCISION OF BENIGN LESION UP TO 1.25 CM	\$108.30
D7411**	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	\$108.30
D7411**	EXCISION OF BENIGN LESION, COMPLICATED	\$108.30
D7412**	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	\$108.30
D7413**	EXCISION OF MALIGNANT LESION OF ROTAGE THAN 1.25 CM	\$108.30
D7415**	EXCISION OF MALIGNANT LESION, COMPLICATED	\$108.30
D/413	EXCISION OF WALISHANT LESION, COMPLICATED	\$100.30
	REMOVAL OF TUMORS, CYSTS AND NEOPLASMS:	
	REMOVAL OF TOMONS, CTSTS AND NEOFEASING.	
D7440**	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO 1.25CM	NC
D7441**	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER OVER 1,25CM	NC
D7450**	REMOVAL OF ODONTOGENIC CYST OR TUMOR UP TO 1.25 CM	NC
D7451**	REMOVAL OF ODONTOGENIC CYST OR TUMOR OVER1.25 CM	NC NC
D7460**	REMOVAL OF NON-ODONTOGENIC CYST OR TUMOR UP TO 1.25 CM	NC NC
D7461**	REMOVAL OF NON-ODONTOGENIC CYST OR TUMOR OF TO 1.22 CM	NC NC
D7465**	DESTRUCTION OF LESIONS BY PHYSICAL METHODS: ELECTROSURGERY, CHEMOTHERAPY OR CRYOTHERAPY	NC NC
D1-100	220 TO STATE OF THE STATE OF TH	.,,,
	EXCISION OF BONE TISSUE:	<del> </del>
D7471**	REMOVAL OF EXOSTOSIS - PER SITE	\$180.40
D7471**	REMOVAL OF TORUS PALATINUS REMOVAL OF TORUS PALATINUS	\$180.40
D7473**	REMOVAL OF TORUS MANDIBULIARIS	\$180.40
D7473	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	NC
D7490**	SORGICAL RESECTION OF MANDIBLE WITH BONE GRAFT	NC NC
D7 430	INADIGAE RESECTION OF MANUFACE WITH BONE GIVALT	140
	SURGICAL INCISIONS:	
	ONCOME INGLIGION.	
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	\$44.80
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	\$56.00
D7511	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MOLTIFLE FASCIAL SPACES)	
		\$151.90
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	\$189.90
	TREATMENT OF FRACTURES/DISLOCATION PROCEDURE CODES D7610 THROUGH D7850 ARE NOT COVERED BY THE STATE DENTAL PLAN	
	RELATED/SURGICAL DISCECTOMY PROCEDURE CODES D7852 THROUGH D7899 ARE NOT COVERED BY THE STATE DENTAL PLAN	
	OTHER REPAIR PROCEDURES	
D7910	SUTURE OF RECENT SMALL WOUNDS, UP TO 5 CM	NC
D7911	COMPLICATED SUTURING OF SMALL WOUND UP TO 5 CM	NC
D7912	COMPLICATED SUTURING OF SMALL WOUND GREATER THAN 5 CM	NC
D7920	SKIN GRAFTS	NC
D7921	COLLECTION AND APPLICATION OF AUTOLOGOUS BLOOD CONCENTRATE	NC
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	NC
D7941	OSTEOTOMY-RAMUS-CLOSED	NC
D7942	OSTEOTOMY-RAMUS-OPEN	NC
D7943	OSTEOTOMY-RAMUS-OPEN WITH BONE GRAFT	NC
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL	NC NC
D7945	OSTEOTOMY-BODY OF MANDIBLE	NC
D7946	LEFORT I (MAXILLA-TOTAL)	NC
D7946 D7947	LEFORT I (MAXILLA- SEGMENTED)	NC NC
D7946 D7947 D7948	LEFORT I (MAXILLA- SEGMENTED) LEFORT II (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT	NC NC NC
D7946 D7947 D7948 D7949	LEFORT I (MAXILLA- SEGMENTED) LEFORT II (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT LEFORT II OR LEFORT III WITH BONE GRAFT	NC NC NC
D7946 D7947 D7948 D7949 D7950	LEFORT I (MAXILLA- SEGMENTED) LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT LEFORT II OR LEFORT III WITH BONE GRAFT OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR CARTILAGE GRAFT OF MANDIBLE-AUTOGENOUS OR NONAUTOGENOUS	NC NC NC NC BY REPORT
D7946 D7947 D7948 D7949 D7950 D7951	LEFORT I (MAXILLA- SEGMENTED) LEFORT III OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT LEFORT II OR LEFORT III WITH BONE GRAFT OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR CARTILAGE GRAFT OF MANDIBLE-AUTOGENOUS OR NONAUTOGENOUS SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES	NC NC NC NC NC BY REPORT NC
D7946 D7947 D7948 D7949 D7950 D7951 D7952	LEFORT I (MAXILLA- SEGMENTED) LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT LEFORT III OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR CARTILAGE GRAFT OF MANDIBLE-AUTOGENOUS OR NONAUTOGENOUS SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES SINUS AUGMENTATION VIA A VERTICAL APPROACH	NC NC NC NC NC NC BY REPORT NC NC
D7946 D7947 D7948 D7949 D7950 D7951 D7952 D7953	LEFORT I (MAXILLA- SEGMENTED) LEFORT III OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT LEFORT II OR LEFORT III WITH BONE GRAFT OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR CARTILAGE GRAFT OF MANDIBLE-AUTOGENOUS OR NONAUTOGENOUS SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES SINUS AUGMENTATION VIA A VERTICAL APPROACH BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION- PER SITE	NC NC NC NC BY REPORT NC NC NC S155.00
D7946 D7947 D7948 D7949 D7950 D7951 D7952 D7953 D7960	LEFORT II (MAXILLA- SEGMENTED) LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT LEFORT III OR LEFORT III (VISTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR CARTILAGE GRAFT OF MANDIBLE-AUTOGENOUS OR NONAUTOGENOUS SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES SINUS AUGMENTATION VIA A VERTICAL APPROACH BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION- PER SITE FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OF FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE	NC NC NC NC BY REPORT NC NC NC \$155.00
D7946 D7947 D7948 D7949 D7950 D7951 D7952 D7953 D7960 D7963	LEFORT II (MAXILLA- SEGMENTED) LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT LEFORT III OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT COSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR CARTILAGE GRAFT OF MANDIBLE-AUTOGENOUS OR NONAUTOGENOUS SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES SINUS AUGMENTATION VIA A VERTICAL APPROACH BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION- PER SITE FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE FRENULOPLASTY	NC NC NC NC BY REPORT NC NC \$155.00 \$138.70
D7946 D7947 D7948 D7949 D7950 D7951 D7952 D7953 D7960 D7963 D7970	LEFORT I (MAXILLA- SEGMENTED) LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT LEFORT III OR LEFORT III (WITH BONE GRAFT OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR CARTILAGE GRAFT OF MANDIBLE-AUTOGENOUS OR NONAUTOGENOUS SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES SINUS AUGMENTATION VIA A VERTICAL APPROACH BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION- PER SITE FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE FRENULOPLASTY EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	NC NC NC NC NC SYREPORT NC NC \$155.00 \$138.70 \$138.70 \$120.90
D7946 D7947 D7948 D7949 D7950 D7951 D7952 D7953 D7960 D7963 D7970	LEFORT I (MAXILLA- SEGMENTED) LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR CARTILAGE GRAFT OF MANDIBLE-AUTOGENOUS OR NONAUTOGENOUS SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES SINUS AUGMENTATION VIA A VERTICAL APPROACH BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION- PER SITE FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE FRENULOPLASTY EXCISION OF HYPERPLASTIC TISSUE - PER ARCH EXCISION OF PERICORONAL GINGIVA	NC NC NC NC NC SYREPORT NC S155.00 \$138.70 \$138.70 \$120.90 \$69.00
D7946 D7947 D7948 D7949 D7950 D7951 D7952 D7953 D7960 D7963 D7970 D7971 D7972	LEFORT II (MAXILLA- SEGMENTED) LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT LEFORT III OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR CARTILAGE GRAFT OF MANDIBLE-AUTOGENOUS OR NONAUTOGENOUS SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES SINUS AUGMENTATION VIA A VERTICAL APPROACH BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION- PER SITE FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE FRENULOPLASTY EXCISION OF HYPERPLASTIC TISSUE - PER ARCH EXCISION OF PERICORONAL GINGIVA SURGICAL REDUCTION OF FIBROUS TUBEROSITY	NC NC NC NC NC SYREPORT NC S155.00 \$138.70 \$138.70 \$138.70 \$138.70
D7946 D7947 D7948 D7948 D7949 D7950 D7951 D7952 D7963 D7960 D7963 D7970 D7971 D7972 D7980	LEFORT I (MAXILLA- SEGMENTED)  LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT  LEFORT II OR LEFORT III (WITH BONE GRAFT  OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR CARTILAGE GRAFT OF MANDIBLE-AUTOGENOUS OR NONAUTOGENOUS  SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES  SINUS AUGMENTATION VIA O VERTICAL APPROACH  BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION- PER SITE  FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE  FRENULOPLASTY  EXCISION OF HYPERPLASTIC TISSUE - PER ARCH  EXCISION OF PERICORONAL GINGIVA  SURGICAL REDUCTION OF FIBROUS TUBEROSITY  SIALOLITHOTOMY	NC NC NC NC SYREPORT NC NC \$155.00 \$138.70 \$138.70 \$138.70 \$138.70 NC
D7946 D7947 D7948 D7949 D7950 D7951 D7952 D7953 D7960 D7963 D7970 D7971 D7972 D7980 D7981	LEFORT II (MAXILLA- SEGMENTED) LEFORT III (OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT LEFORT II OR LEFORT III WITH BONE GRAFT OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR CARTILAGE GRAFT OF MANDIBLE-AUTOGENOUS OR NONAUTOGENOUS SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES SINUS AUGMENTATION VIA A VERTICAL APPROACH BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION- PER SITE FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE FRENULOPLASTY EXCISION OF HYPERPLASTIC TISSUE - PER ARCH EXCISION OF PERICORONAL GINGIVA SURGICAL REDUCTION OF FIBROUS TUBEROSITY SIALOLITHOTOMY EXCISION OF SALIVARY GLAND, BY REPORT	NC NC NC NC NC NC S155.00 \$138.70 \$120.90 \$69.00 \$138.70 NC NC
D7946 D7947 D7948 D7949 D7950 D7951 D7952 D7953 D7960 D7963 D7960 D7963 D7970 D7971 D7972 D7980 D7981 D7982	LEFORT II (MAXILLA- SEGMENTED)  LEFORT III OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT  LEFORT II OR LEFORT III WITH BONE GRAFT  OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR CARTILAGE GRAFT OF MANDIBLE-AUTOGENOUS OR NONAUTOGENOUS  SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES  SINUS AUGMENTATION VIA A VERTICAL APPROACH  BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION- PER SITE  FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE  FRENULOPLASTY  EXCISION OF HYPERPLASTIC TISSUE - PER ARCH  EXCISION OF PERICORONAL GINGIWA  SURGICAL REDUCTION OF FIBROUS TUBEROSITY  SIALOLITHOTOMY  EXCISION OF SALIVARY GLAND, BY REPORT  SIALODOCHOPLASTY	NC NC NC NC NC NC NC S155.00 \$138.70 \$138.70 \$138.70 NC \$10.90 \$69.00 \$138.70 NC NC
D7946 D7947 D7948 D7948 D7949 D7950 D7951 D7952 D7963 D7960 D7971 D7972 D7980 D7981 D7982 D7982 D7982 D7983	LEFORT II (MAXILLA- SEGMENTED) LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT LEFORT III OR LEFORT III (WITH BONE GRAFT OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR CARTILAGE GRAFT OF MANDIBLE-AUTOGENOUS OR NONAUTOGENOUS SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES SINUS AUGMENTATION VIA A VERTICAL APPROACH BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION- PER SITE FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE FRENULOPLASTY EXCISION OF HYPERPLASTIC TISSUE - PER ARCH EXCISION OF PERICORONAL GINGIWA SURGICAL REDUCTION OF FIBROUS TUBEROSITY SIALOLITHOTOMY EXCISION OF SALIVARY GLAND, BY REPORT SIALODOCHOPLASTY CLOSURE OF SALIVARY FISTULA	NC S155.00 \$138.70 \$138.70 \$138.70 \$10.90 \$69.00 \$0.00 NC NC NC NC NC NC NC
D7946 D7947 D7948 D7949 D7950 D7951 D7952 D7953 D7960 D7963 D7970 D7971 D7972 D7980 D7981 D7982 D7983 D7982 D7983 D7989	LEFORT I (MAXILLA- SEGMENTED)  LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT  LEFORT II OR LEFORT III WITH BONE GRAFT  OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR CARTILAGE GRAFT OF MANDIBLE-AUTOGENOUS OR NONAUTOGENOUS  SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES  SINUS AUGMENTATION VIA A VERTICAL APPROACH  BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION- PER SITE  FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE  FRENULOPLASTY  EXCISION OF HYPERPLASTIC TISSUE - PER ARCH  EXCISION OF HYPERPLASTIC TISSUE - PER ARCH  EXCISION OF PRICORONAL GINGIVA  SURGICAL REDUCTION OF FIBROUS TUBEROSITY  SIALOLITHOTOMY  EXCISION OF SALIVARY GLAND, BY REPORT  SIALODOCHOPLASTY  CLOSURE OF SALIVARY FISTULA  EMERGENCY TRACHEOTOMY	NC NC NC NC NC NC STREPORT NC NC \$155.00 \$138.70 \$138.70 \$120.90 \$69.00 \$138.70 NC NC NC NC NC
D7946 D7947 D7948 D7949 D7950 D7951 D7952 D7953 D7960 D7963 D7970 D7971 D7972 D7980 D7981 D7982 D7982 D7983 D7990 D7991	LEFORT I (MAXILLA- SEGMENTED)  LEFORT III OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT  LEFORT II OR LEFORT III WITH BONE GRAFT  OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR CARTILAGE GRAFT OF MANDIBLE-AUTOGENOUS OR NONAUTOGENOUS  SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES  SINUS AUGMENTATION VIA A VERTICAL APPROACH  BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION- PER SITE  FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE  FRENULOPLASTY  EXCISION OF HYPERPLASTIC TISSUE - PER ARCH  EXCISION OF PERICORONAL GINGIVA  SURGICAL REDUCTION OF FIBROUS TUBEROSITY  SIALOLITHOTOMY  EXCISION OF SALIVARY GLAND, BY REPORT  SIALODOCHOPLASTY  CLOSURE OF SALIVARY FISTULA  EMERGENCY TRACHEOTOMY  CORONOIDECTOMY	NC NC NC NC NC NC NC SYREPORT NC \$155.00 \$138.70 \$120.90 \$69.00 \$138.70 NC
D7946 D7947 D7948 D7948 D7949 D7950 D7951 D7952 D7953 D7960 D7963 D7970 D7971 D7972 D7980 D7981 D7982 D7983 D7983 D7990 D7991 D7991	LEFORT II (MAXILLA- SEGMENTED)  LEFORT III OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT  LEFORT II OR LEFORT III WITH BONE GRAFT  OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR CARTILAGE GRAFT OF MANDIBLE-AUTOGENOUS OR NONAUTOGENOUS  SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES  SINUS AUGMENTATION VIA A VERTICAL APPROACH  BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION- PER SITE  FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE  FRENULOPLASTY  EXCISION OF HYPERPLASTIC TISSUE - PER ARCH  EXCISION OF PERICORONAL GINGIWA  SURGICAL REDUCTION OF FIBROUS TUBEROSITY  SIALOLITHOTOMY  EXCISION OF SALIVARY GLAND, BY REPORT  SIALODOCHOPLASTY  CLOSURE OF SALIVARY FISTULA  EMERGENCY TRACHEOTOMY  CORONOLIDECTOMY  SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES	NC S155.00 \$138.70 \$138.70 \$138.70 \$120.90 \$69.00 NC
D7946 D7947 D7948 D7949 D7950 D7951 D7952 D7963 D7960 D7963 D7970 D7971 D7972 D7980 D7981 D7982 D7983 D7990 D7981 D7995 D7996	LEFORT I (MAXILLA- SEGMENTED)  LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT  LEFORT II OR LEFORT III WITH BONE GRAFT  OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR CARTILAGE GRAFT OF MANDIBLE-AUTOGENOUS OR NONAUTOGENOUS  SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES  SINUS AUGMENTATION VIA A VERTICAL APPROACH  BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION- PER SITE  FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE  FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE  FRENULEOTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE  FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE  FRENULEOTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE  FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE  FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE  FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE  FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE  FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE  FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE  FRENULECTOMY- ALSO KNOWN AS FRENECTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE  COCCURRENT ON THE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE  FRENULECTOMY- ANOTHER PROCEDURE  COCCURRENT ON THE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE  COCCURRENT ON THE PROCEDURE OF ALICH MANDIBLE OR FACIAL BONES  IMPLANT- AND SERVICE OF ALICH MANDIBLE OR FACIAL BONES  IMPLANT- AND SERVICE OF ALICH MANDIBLE	NC S155.00 \$138.70 \$138.70 \$138.70 NC
D7946 D7947 D7948 D7948 D7948 D7948 D7950 D7951 D7952 D7953 D7963 D7960 D7971 D7972 D7982 D7982 D7982 D7980 D7981 D7982 D7983 D7990 D7991 D7995 D7996	LEFORT I (MAXILLA- SEGMENTED)  LEFORT III OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT  LEFORT III OR LEFORT III WITH BONE GRAFT  OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR CARTILAGE GRAFT OF MANDIBLE-AUTOGENOUS OR NONAUTOGENOUS  SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES  SINUS AUGMENTATION VIA A VERTICAL APPROACH  BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION- PER SITE  FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE  FRENULOPLASTY  EXCISION OF HYPERPLASTIC TISSUE - PER ARCH  EXCISION OF PERICORONAL GINGIVA  SURGICAL REDUCTION OF FIBROUS TUBEROSITY  SIALOLITHOTOMY  EXCISION OF SALIVARY GLAND, BY REPORT  SIALODOCHOPLASTY  CLOSURE OF SALIVARY FISTULA  EMERGENCY TRACHEOTOMY  CORONOIDECTOMY  SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES  IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES, EXCLUDING ALVEOLAR RIDGE- BY REPORT  APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE)-INCLUDES REMOVAL OF ARCHBAR	NC NC NC NC NC NC NC S155.00 \$138.70 \$120.90 \$69.00 \$138.70 NC
D7946 D7947 D7948 D7949 D7950 D7951 D7952 D7953 D7960 D7963 D7970 D7971 D7972 D7980 D7981 D7982 D7983 D7990 D7991 D7995	LEFORT II (MAXILLA- SEGMENTED)  LEFORT III OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT  LEFORT II OR LEFORT III WITH BONE GRAFT  OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR CARTILAGE GRAFT OF MANDIBLE-AUTOGENOUS OR NONAUTOGENOUS  SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES  SINUS AUGMENTATION VIA A VERTICAL APPROACH  BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION- PER SITE  FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE  FRENULOPLASTY  EXCISION OF HYPERPLASTIC TISSUE - PER ARCH  EXCISION OF PERICORONAL GINGIVA  SURGICAL REDUCTION OF FIBROUS TUBEROSITY  SIALOLITHOTOMY  EXCISION OF SALIVARY GLAND, BY REPORT  SIALODOCHOPLASTY  CLOSURE OF SALIVARY GLAND, BY REPORT  SIALODOCHOPLASTY  CCORONOIDECTOMY  SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES  IMPLANT- MANDIBLE FOR AUGMENTATION PURPOSES, EXCLUDING ALVEOLAR RIDGE- BY REPORT  INTRAORAL PLACEMENT OF FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE	NC N
D7946 D7947 D7948 D7948 D7948 D7948 D7950 D7951 D7952 D7953 D7963 D7960 D7971 D7972 D7982 D7982 D7982 D7980 D7981 D7982 D7983 D7990 D7991 D7995 D7996	LEFORT I (MAXILLA- SEGMENTED)  LEFORT III OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT  LEFORT III OR LEFORT III WITH BONE GRAFT  OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR CARTILAGE GRAFT OF MANDIBLE-AUTOGENOUS OR NONAUTOGENOUS  SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES  SINUS AUGMENTATION VIA A VERTICAL APPROACH  BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION- PER SITE  FRENULECTOMY- ALSO KNOWN AS FRENECTOMY OR FRENOTOMY- SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE  FRENULOPLASTY  EXCISION OF HYPERPLASTIC TISSUE - PER ARCH  EXCISION OF PERICORONAL GINGIVA  SURGICAL REDUCTION OF FIBROUS TUBEROSITY  SIALOLITHOTOMY  EXCISION OF SALIVARY GLAND, BY REPORT  SIALODOCHOPLASTY  CLOSURE OF SALIVARY FISTULA  EMERGENCY TRACHEOTOMY  CORONOIDECTOMY  SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES  IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES, EXCLUDING ALVEOLAR RIDGE- BY REPORT  APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE)-INCLUDES REMOVAL OF ARCHBAR	NC NC NC NC NC NC NC S155.00 \$138.70 \$120.90 \$69.00 \$138.70 NC

	MISCELLANEOUS SERVICES:	
		A=0.00
D9120	FIXED PARTIAL DENTURE SECTIONING	\$50.20
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES REGIONAL BLOCK ANESTHESIA	NC NC
D9211	REGIONAL BLOCK ANESTHESIA TRIGEMINAL DIVISION BLOCK ANESTHESIA	NC NC
D9212 D9215	I INIGEMINAL DIVISION BUCUCH AINES I RESIA LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	NC NC
D9213 D9220	LOCAL ARIEST INESIA IN CONSUME THOSE WITH OFFICE AND SURGICAL PROCEDURES  DEEP SEDATION GENERAL ANESTHESIA-FIRST 30 MINUTES  DEEP SEDATION GENERAL ANESTHESIA-FIRST 30 MINUTES	\$76.50
D9221	DEEP SEDATION, GENERAL ANESTHESIA- FACH ADDITIONAL 15 MINUTES	970.30 NC
D9230	INHALATION OF NITROUS OXIDE/ ANALGESIA, ANXIOLYSIS	NC NC
D9241	INTRAVENOUS SEDATION/ ANALGESIA- FIRST 30 MINUTES	\$76.50
D9242	INTRAVENOUS SEDATION, ANALGESIA- EACH ADDITIONAL 15 MINUTES	NC
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$60.00
D9310	CONSULTATION- DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PYHSICIAN	\$24.00
D9410	HOUSE/EXTENDED CARE FACILITY CALL	NC NC
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	NC
D9430	OFFICE VISIT FOR OBSERVATION DURING REGULAR OFFICE HOURS- NO OTHER SERVICES PERFORMED	NC
D9440	OFFICE VISIT AFTER REGULARLY SCHEDULED HOURS	NC
D9450	CASE PRESENTATION, DETAILED AND EXTENSIVE TREATMENT PLANNING	NC
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	NC
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	NC
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	NC
D9910	APPLICATION OF DESENSITIZING MEDICAMENT- MUST BE AN APPROVED MEDICATION	\$15.60
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/ OR ROOT SURFACE, PER TOOTH	NC
D9920	BEHAVIOR MANAGEMENT	NC
D9930	TREATMENT OF COMPLICATIONS (POST-SURGICAL)- UNUSUAL CIRCUMSTANCES, BY REPORT	NC
D9940	OCCLUSAL GUARD, BY REPORT- SUBJECT TO REVIEW BY DENTAL CONSULTANT	\$99.40
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	NC
D9942	REPAIR/ RELINE OF OCCLUSAL GUARD	\$14.90
D9950	OCCULSION ANALYSIS- MOUNTED CASE	NC
D9951	OCCLUSAL ADJUSTMENT-LIMITED	\$19.70
D9952	OCCLUSAL ADJUSTMENT- COMPLETE	NC
D9970	ENAMEL MICROABRASION	NC
D9971	ODONTOPLASTY 1-2 TEETH, INCLUDES REMOVAL OF ENAMEL PROJECTIONS	NC
D9972	EXTERNAL BLEACHING- PER ARCH- PERFORMED IN OFFICE	NC
D9973	EXTERNAL BLEACHING- PER TOOTH	NC NC
D9974	INTERNAL BLEACHING-PER TOOTH	NC NC
D9975	EXTERNAL BLEACHING FOR HOME APPLICATION, PER ARCH- INCLUDES MATERIALS AND FABRICATION OF CUSTOM TRAYS	NC
	CLASS IV. ORTHODONTICS	
	(PAYABLE AT 50% OF THE STATE ALLOWANCE)	
	A. TREATMENT FOR THE CORRECTION OF DYSFUNCTIONAL MALOCCLUSION OF A COVERED CHILD UNDER THE AGE OF 19 UP TO A LIFETIME MAXIMUM BENEFIT PAYMENT OF \$1,000.00:	
	1. DIAGNOSIS, INCLUDING MODELS AND RADIOGRAPHS	
	2. ACTIVE TREATMENT, INCLUDING NECESSARY APPLIANCES	
	3. RETENTION TREATMENT FOLLOWING ACTIVE TREATMENT, LIMITED TO 10 VISITS IN AN 18 MONTH PERIOD.	
	INITIATE THIS, THE DENTIST MUST SUBMIT A COMPLETE TREATMENT PLAN WHICH INCLUDES DIAGNOSTIC FEES, INITIAL BANDING FEES, ANTICIPATED LENGTH (MONTHS) OF TREATMENT AND TOTAL FEE. MONTHLY PAYMENTS WILL BE MADE AUTOMATICALLY (WITHOUT THE SUBMISSION OF A CLAIM) UNTIL EITHER THE MAXIMUM BENEFIT OR LENGTH OF TREATMENT IS MET, WHICHEVER COMES FIRST. NOTIFY THE THIRD-PARTY CLAIMS ADMINISTRATOR IMMEDIATELY OF ANY CHANGE OR VARIATION IN THE TREATMENT PLAN. LUMP SUM BENEFIT PAYMENT WILL NOT BE ISSUED.	
	THE THIRD-PARTY CLAIMS ADMINISTRATOR WILL PERIODICALLY SUBMIT LETTERS REQUESTING VERIFICATION OF CONTINUED TREATMENT. IF A RESPONSE IS NOT RECEIVED WITHIN 45 DAYS, PAYMENT WILL CEASE UNTIL THE INFORMATION IS RECEIVED	